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Original Articles.

A CASE OF ENDOTHELIOMA OF THE BRAIN, WITH
CHRONIC HYDROCEPHALUS.*

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IN the 'Reports of The Society for the Study of Disease in Children,' 1902—1903, a short clinical note of this case was given, together with a photograph of the lad during the latter part of his stay in the Children's Hospital, Brighton, where he was for some months under my care.

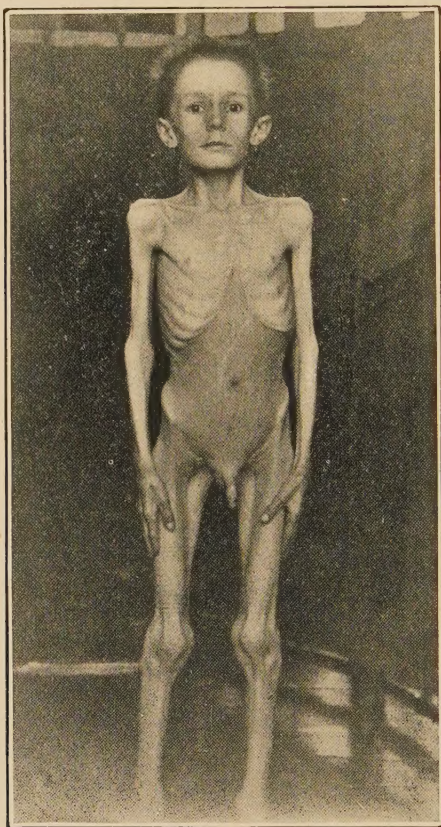
The following history, obtained from the mother, will be of interest, as it seems to illustrate the fact that serious conditions may sometimes exist within the cranial cavity for many years without giving rise to any definite symptoms of cerebral disease.

E. S—, aged 10 years, had been irritable and sensitive to noises for several years past. At eighteen months of age he frequently had

* Read before The Society for the Study of Disease in Children, January the 15th, 1904.

severe screaming attacks, during which he became rigid. He was always thin. About eighteen months ago he often complained to his mother that he could not see clearly. About fifteen months ago he returned from school complaining that he had been hurt by some boys pushing him against the wall of the school playground. Shortly

FIG. 1.



after this happened he began to refuse his food and say he could not swallow. He did not vomit or complain of pain in the head till February of last year, when the mother brought him to the Children's Hospital. He was admitted and kept under observation, but nothing definitely pointing to cerebral disease could be discovered. He was very taciturn, apathetic, and disinclined to associate with the other patients. His eyelids blinked when he was spoken to. There was no squint or paralysis of any parts, and sensation, hearing, and

smell seemed to be normal. His pupils were somewhat dilated, equal, and reacted normally to light. The knee-jerks were not obtained. Great wasting of all parts of the body was a marked feature, and this increased slowly but surely, so that he became much emaciated and scarcely able to move about the ward. His gait, however, was not peculiar. There was no retraction of the head, which was about normal in size. There was no tache cérébrale, and he complained of no headache at that time. No Babinski sign could be elicited, and there were no contractions of the extremities. He persistently refused all solid food, but would drink about three pints of liquid, chiefly milk, per diem.

At that time, owing to the absence of definite cerebral symptoms, the case was viewed as one of hysteria, probably the result of shock, consequent on the loss of his sister, who had died recently.

As he seemed brighter and was able to walk better, he was allowed to return home. Here he was well looked after in every respect, but two months later, October, 1903, he began to develop bed-sores, had attacks of pain in the head with screaming, almost constant tonic contractures of the extremities, especially on the left side, and passed his urine and fæces involuntarily. His discs at that time showed fairly well-marked optic neuritis. It became apparent that he was suffering from increased intra-cranial pressure, due possibly to some tumour pressing on the iter and so causing hydrocephalus. I thought probably he had a growth in the middle lobe of the cerebellum. The patient gradually became unconscious and died.

The *post-mortem* examination, which I made in conjunction with Dr. Akers, who had charge of the case after leaving the hospital, revealed the following particulars:—*Body generally*: Much emaciated. *Calvarium*: Somewhat more expansive than normal, and the bones rather harder than usual. *Cerebrum*: Convolutions over surfaces of hemispheres somewhat flattened. Chronic thickening and opalescence of pia mater and arachnoid at summit of transverse fissure, obscuring the quadrigeminate bodies and probably constricting the iter. The same condition affected the ependyma lining the iter and ventricles everywhere. The latter were considerably dilated, and contained an excess of nearly clear fluid, no recent lymph, and no meningitis of recent date; and no tubercles were viewed. The corpus callosum was much softened. Closely adjacent to the posterior aspect of the right optic thalamus and easily detached therefrom was a small brain-like mass, nearly spherical, about the size of a small walnut. This on section presented a pinkish-grey striated appearance, resembling that of many forms of glioma.

A microscopic examination of this tumour was made by Dr. Targett, of the Clinical Research Association, who reported as follows:—

“The exact nature of this tumour is doubtful, though it is neither a gumma nor a glioma. It will be seen to consist of small epithelial cells arranged in elongated spaces, which are cut in various planes. These spaces appear to be chinks in an abundant fibrillated stroma, not a truly alveolated structure as in carcinoma. The site of the tumour suggests an origin from the ependyma, and from its structure and probable origin I am disposed to regard it as an endothelioma.”

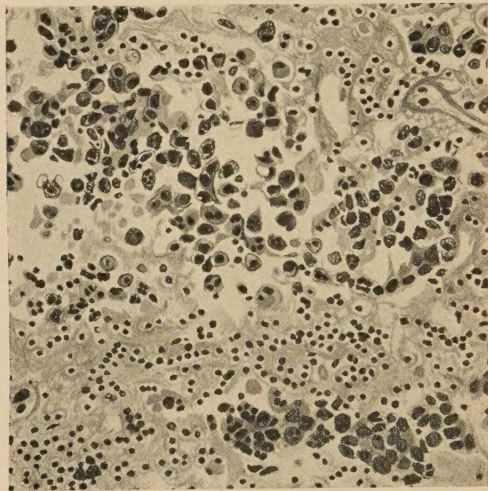


FIG. 2. $\times 200$.

On Dr. Targett's suggestion, I referred the section to Dr. F. W. Mott for confirmation. This I received in due course, so the nature of this rare neoplasm can scarcely be doubted.

Remarks.—I would suggest that the chronic meningitis dated from infancy and was probably tuberculous, though no tuberculous glands were found anywhere. But two small, shotty, yellowish nodules were discovered near the surface of the right lung. It seems to me probable that the meningitis becoming arrested in infancy, the chronic hydrocephalus gradually supervened. I would further suggest that this increased as the result of the blow received in the school playground about five months before he was admitted into hospital, and that the endothelioma, which seemed to be of recent growth, was incited through the same accident.

PSEUDO-BULBAR PARALYSIS DUE TO BILATERAL
TUBERCULOUS TUMOURS.

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F. H. JACOB, M.D.Lond., M.R.C.P.,
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H. B—, aged 7 years, was admitted under Dr. Marshall's care at the Children's Hospital on October the 2nd, 1903. The history given by the mother was as follows, viz. that the patient was a healthy girl up to seven months before her admission, and attended at school regularly. She was considered by her teachers to be "clever." The first thing amiss noticed was a vacant look, the eyes and mouth being kept open. She also seemed to be "strange," and preferred to be alone. Her appetite was moderately good. A few weeks after this period the right upper limb was kept extended, and the forearm was pronated. Movement of this limb was impaired. No twitchings were noticed. The right leg shortly became affected. She began to walk upon her toes, and her right leg was dragged along.

During a visit to her grandmother after this time, that relative stated to us that the child suffered frequently from severe headache accompanied by occasional attacks of giddiness. These attacks never made her fall down. Very soon after these symptoms were noticed the left upper and lower limbs became affected. Three months after the onset as described her speech failed her. She said "Yea" for "Yes," and her lower jaw began to drop. The power of swallowing either fluids or solids became seriously interfered with. She was unable to use her front teeth for mastication, and food collected at the roof of her mouth. Dribbling of saliva was constant. Up to this time she had received no medical aid, but was now seen by Dr. Robinson, who confirmed the statements made by her relatives as to her condition at that time. By him the patient was passed into the care of Dr. Jacob at the General Hospital, who treated her for a very short period, and who also confirmed the above description, and added that both hands and fingers were in an athetoid position, but there were no athetoid movements. These positions were more marked upon the right side. The right foot was flexed and inverted. When first seen by Dr. Marshall at the Children's Hospital the mother added to her previous statement that in August the patient

was noticed to turn her head suddenly to the left several times a week, and a week before her admission when leaving the table she suddenly "spun round to the left—a complete turn," but did not fall because her mother caught her. Since that time she had repeatedly been seen to do this. For a few weeks walking in a straight line had been possible, but she had done so with much difficulty. The mother also stated that headache was not complained of beyond the first month of her illness. The child had no "fit" of any kind. She had been conscious throughout, and was still able to read. There had been no ear discharge or squint. The family history was good, and nothing could be discovered to support a suspicion of syphilis.

When seen by Dr. Marshall in his out-patient room he noted that the patient was assisted in by her mother, and walked with great difficulty. She leant forward on her toes, with the right foot turned inwards, the right upper limb being fully extended, the forearm pronated, and the whole limb held stiffly backwards behind the middle line of the body. The left arm was semi-flexed, with the hand dropping at the wrist. Her expression was vacant, the jaw was dropped, the mouth was open, and saliva flowed from it.

When examined in the ward the next day the out-patient notes were confirmed. Her eyes were widely opened and the pupils dilated. She understood what was said to her although it was difficult sometimes to gain her attention. She was quite unable to speak, but answered at once by moving her left arm when told to do so. She lay in bed with an inclination of her head and eyes towards the left side. A spastic condition of the left arm was present, with strong flexion of the wrist and the thumb turned in. The right arm was extended and pronated. The legs were drawn up, but could be easily extended. The face showed some paralysis of the lower portion on the right side. The tongue could not be protruded beyond the lips, but she was able to touch the roof of the mouth with its tip. She swallowed fluids with difficulty, and like a bird drinking. No nystagmus. No vomiting reported. The pupils were widely dilated—equal in size,—and contracted readily to accommodation, and but slightly to light. Knee-jerks and abdominal reflexes present and active. In the left foot a partial Babinski's sign was present, and in the right foot there was a flexor response in all the toes. Incontinence of urine was noted, the bladder not being full. Urine normal. Examination of the chest and abdomen showed no evidence of any lesion. Full doses of iodide of sodium were ordered.

October the 7th.—The eyes were examined by Mr. Laws, who reported that the left disc was slightly swollen, the right being

normal. Both discs were pale. This examination of the eyes was subsequently confirmed by Dr. Jacob.

October the 11th.—The facial palsy was less marked, and the inclination of the head and eyes to the left side was less pronounced.

October the 16th.—Facial palsy again distinct. Knee-jerks exaggerated. The ward sister said that the child made known her wants by crying and moving her hands.

October the 17th.—Right side of face was flushed.

October the 24th.—Much worse. Pupils widely dilated, and fixed, even to a bright light. Slight ptosis of right lid. Head and eyes turned to the left side and position maintained.

October the 30th.—The temperature reached 103.5° F., pulse-rate 170 to the minute, and this was continued with some slight variations until her death. On this date it was noticed that her pupils reacted

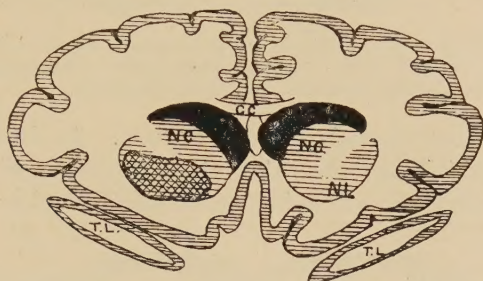


FIG. 1.—Section through anterior part of basal ganglia. Horizontal lines = grey substance; crossed lines = tumour; dark areas = ventricles. NC. Caudate nucleus. NL. Lenticular nucleus. cc. Corpus callosum. TL. Temporal lobe.

to light but not to accommodation. Her arms and wrists were flexed, with thumbs turned inwards and fists clenched. Both arms were placed across the breast. Some retraction of the head was present in the later stages.

December the 3rd.—The post-mortem examination, which was made by Dr. Jacob, was as follows, viz.: Some excess of sub-arachnoid fluid and slight flattening of the convolutions. The *left* lenticular nucleus was occupied by a tumour about the size of a walnut, which encroached upon the internal capsule and optic thalamus (Figs. 1 and 2). The *right* optic thalamus was occupied by a similar tumour, which also encroached upon the internal capsule (Figs. 2 and 3). The right occipital lobe contained another tumour about the size of a filbert. All the other organs were normal.

Microscopic examination showed the tumours to consist of caseating granulomata containing giant-cells and tubercle bacilli.

Summary.—This case we report on account of the rarity of such tumours and the difficulty which exists in diagnosis. We are able to compare this case with one other known to us, and the difference of

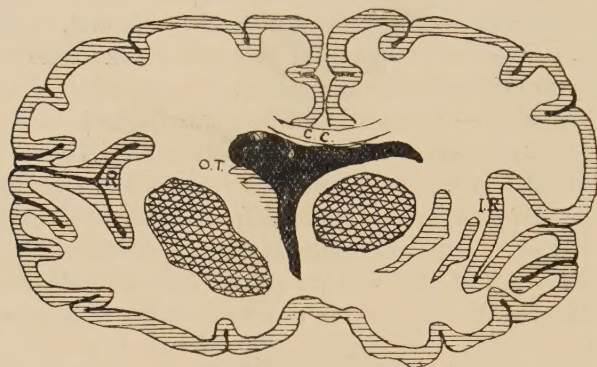


FIG. 2.—Section through middle of basal ganglia. Horizontal lines = grey substance; crossed lines = tumour; dark areas = ventricles. IR. Island of Reil. cc. Corpus callosum. or. Optic thalamus.

symptoms was most marked in the two cases. In these cases, one of which was syphilitic and the other (that reported) tuberculous, the tumours were bilateral, and evidence of pseudo-bulbar paralysis was

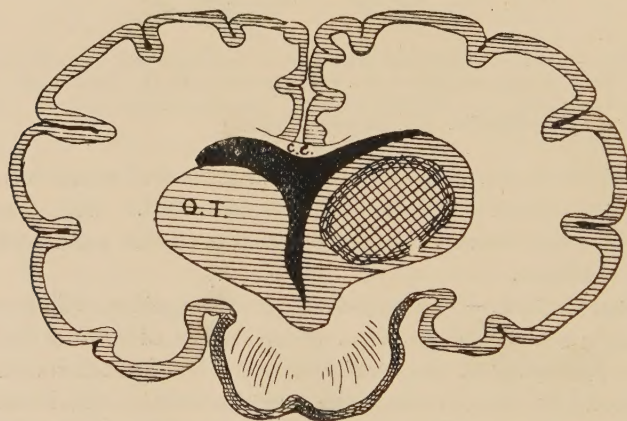


FIG. 3.—Section through posterior part of optic thalami, cut rather obliquely and passing through the crura. Horizontal lines = grey substance; crossed lines = tumour; dark areas = ventricles. cc. Corpus callosum. or. Optic thalamus.

present in each. In both cases the pathognomonic signs of brain tumour were ill developed, *i.e.* vomiting, headache, and optic neuritis. In one case, that of the syphilitic infant of a year old, nystagmus was well

marked. The ophthalmic condition in this child was not noted beyond the statement that the child was blind. In the case we now report the absence of optic neuritis was undoubted, if we except the slight fullness of the right disc. It is noteworthy that in both cases the position of the arms was exactly similar, and the facial palsy in each was as described in these notes. Retraction of the head also existed in both cases during some period of the illness. The early complete loss of speech in the elder child was striking, and in the younger child this symptom was of course absent. This loss of speech appears to us to be due rather to loss of power in the tongue and lips and, therefore, may be described as anarthria and not true aphasia. The athetoid movements were noticed early, and were followed quickly by the athetoid position. In the baby only was the last-named position noted. A striking fact in our case was the complete absence of any other tuberculous lesion.

A CASE OF GLIOMA OF THE PONS.

By G. A. SUTHERLAND, M.D., F.R.C.P.,

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House Physician to Paddington Green Children's Hospital.

WILLIE C—, aged $6\frac{1}{2}$ years, was admitted into Paddington Green Children's Hospital, on January the 8th, 1904. He had enjoyed good health up to six weeks previously, when he received a blow from a brick on the back of his head. There was no apparent bruise or bump or any definite symptom until three days later, when he complained of headache referred to the site of injury. The headache persisted, and three weeks later the right eye was noticed to be squinting. Other symptoms followed in rapid succession, namely, squinting of the left eye, unsteadiness in walking, indistinct and slow speech, dribbling of saliva from the mouth, immobility of the right side of the face, and occasionally difficulty in swallowing. There was nothing of importance as regards the patient's previous health, or in the family history.

There was definite paralysis of both sixth and both seventh nerves. The eyes could not be tightly closed, and the whole face was

motionless and masklike. Saliva was constantly dribbling from the angles of the mouth. These points are well shown in Fig. 1. The paralysis of the right side of the face and of the right external rectus muscle was complete, while a slight degree of movement still existed on the left side, this affection having been of later development than the former. The tongue was not affected, the soft palate was paretic and anæsthetic, and the voice was nasal in character; speech was delayed and deliberate. The head dropped forward as if from weakness of the posterior cervical muscles. The gait was ataxic and feeble; he showed a tendency to fall down, and was unable to stand with his eyes closed. The knee-jerks were exaggerated on both



FIG. 1.—The expressionless face from paralysis of the external recti and facial muscles on both sides.

sides, the plantar reflexes were of the extensor type, and ankle-clonus was not elicited. The boy's facial appearance suggested mental vacuity, but although dull and languid there was no evident defect of intelligence. He did not complain of any pain, but when questioned on the subject he said his head pained him, and located the discomfort in the posterior part of the right side. Examination of the retinæ and of the ears showed no objective signs of disease. He was able to swallow well and had no vomiting.

The condition during the remaining six weeks of his life may be summed up as follows: A week after admission he had two severe attacks of cardiac syncope, from which he rallied under stimulation. This was accompanied by great prostration, but after some days he rallied and seemed to recover more muscular power generally, and

more power in the facial muscles, than he had on admission. This improvement was only temporary, and he gradually lapsed into a more torpid condition, was unable to sit up in bed, or to swallow without effort, and lost all control of the sphincters. The day before his death attacks of respiratory failure began, for the relief of which artificial respiration had to be adopted, but on February the 18th cardiac failure also supervened and he sank rapidly. The

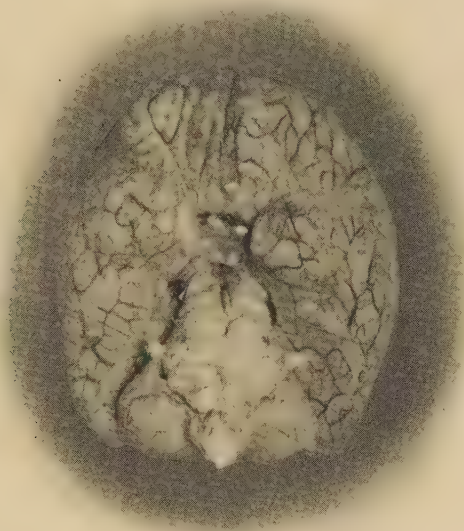


FIG. 2.—The under surface of the brain with pontine new growth.

temperature had been for the most part subnormal, and there had been no attacks of pyrexia.

At the necropsy on the day after death the convolutions of the brain were found to be markedly flattened. There was no excess of fluid in the subdural space, and the cerebral veins were not congested. The ventral aspect of the pons presented the appearance of a lobulated mass, and was considerably enlarged (Fig. 2). The colour was paler than normal and the consistency varied, being in some parts soft and jelly-like and in others harder than brain tissue. The mass extended forwards to the anterior limit of the pons and slightly on to the left crus cerebri, where it was marked by several small lobulations. The third and fourth nerves were not involved.

Laterally it extended for a considerable distance on each side, the growth apparently terminating at the level of the fifth nerves, which were not involved. The cerebellum was not invaded. Posteriorly the limits varied; on the right side the tumour extended well on to the surface of the medulla, while on the left side the medulla was quite free from growth. The eighth nerves were not involved. The superficial origins of the seventh nerves were surrounded by tumour substance, whilst the sixth nerves were completely embedded. The right sixth nerve could not be found, and on the left side the nerve was seen in a groove between two lobules of the tumour. The origins of the ninth, tenth, eleventh, and twelfth nerves were not implicated on either side. The basilar artery was completely surrounded by the tumour. The lateral and third ventricles were greatly distended with fluid. The floor of the fourth ventricle was markedly flattened, due evidently to the pressure of the tumour upwards against the middle lobe of the cerebellum. The growth was an infiltrating one. No capsule and no adhesions were present. On naked eye section the limits of infiltration could not be determined, owing to the similarity in colour between the tumour and the normal tissue of the pons. On microscopic section the tumour was seen to be a glioma, which had infiltrated the substance of the pons, the right side being more invaded than the left. Some of the pyramidal fibres were completely surrounded by infiltrations of the growth.

There was a history of injury in this case, as will usually be elicited in cases of cerebral lesions, but probably the connection between it and the development of symptoms was purely accidental. The symptoms pointed clearly to a pontine lesion, and the only question was as to the nature of the lesion. The absence of the cardinal signs of a cerebral tumour, namely, optic neuritis, vomiting, and marked headache, was suggestive of an infiltrating growth rather than an isolated mass causing vascular disturbance. Treatment by mercurial inunction, and iodide of potassium internally was adopted, but of course without any permanent benefit. The whole duration of the illness from the onset of the first symptom was three months.

We are indebted to Dr. Sidney Gilford for the photographs from which the illustrations are taken.

THE RELATION OF CERTAIN EXTRA- AND INTRA-CRANIAL HÆMORRHAGES IN THE NEWBORN.*

By J. HOWELL EVANS, M.A., M.B., M.Ch.Oxon., F.R.C.S.Eng.,

Late Senior Demonstrator of Anatomy at St. George's Hospital; Honorary Surgeon to the Invalid Children's Aid Association, etc., etc.

IN connection with extra-cranial hæmorrhages—cephalhæmatomata externa—which are occasionally met with, and in connection with intra-cranial hæmorrhages, namely, those extra-dural or cephalhæmatomata interna which we rarely see, and the meningeal or cortical hæmorrhages the destructive influences of which are so frequently encountered, a common explanation has not, as far as I am aware, been advanced.

Such hæmorrhages occur irrespective of many factors which have long been considered as the causes of their production; they arise irrespective of the lie and position of the foetus in utero, without any relation to a breech or vertex presentation, and in labours unaided by forceps, as well as in labours in which such mechanical assistance is employed. Lastly, even a difficult adaptation of the foetal head to the maternal pelvis is oftentimes absent.

The injury is done during the neonatal transit, but the blood is effused during the reactionary period which follows, inasmuch as when the extra-uterine life supervenes upon the antenatal, very profound and important changes follow in the circulatory system, in the blood-pressure, and even in the blood itself: dependent upon such changes these hæmorrhages appear.

The foetal head is relatively large, and in its adaptation to the maternal pelvis its contour is markedly altered. This moulding of the head is due to the overlapping of the bones at the sutures; one parietal overrides the other at the sagittal suture, while at the coronal and lambdoid sutures both parietal bones override the frontal and occipital bones.

If this overlapping is excessive, or if, owing to variations from the normal ossification of the bones of the cranial vault, the necessary moulding occurs more particularly at certain accessory sutures, then the process becomes pathological.

* Paper read before The Society for the Study of Disease in Children, January the 15th, 1904.

It is in relation to these latter (accessory sutures) that I desire to elucidate the production of these hæmorrhages (Figs. 1 and 2).

I have, therefore, sought some common factor which may act whether the moulding of the head take place from the superior cephalic planes or from the inferior cephalic planes; and in the limited space at my disposal I purpose only to consider those hæmorrhages connected with the parietal bone.

The parietal bone is generally developed from one centre, whence radiating osteogenetic fibres pass towards the borders of the bone. If, however, the parietal bone become developed from two ossific

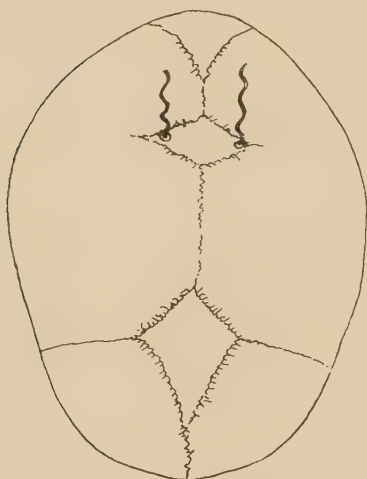


FIG. 1.—Sagittal fontanelle
(after Laplace).

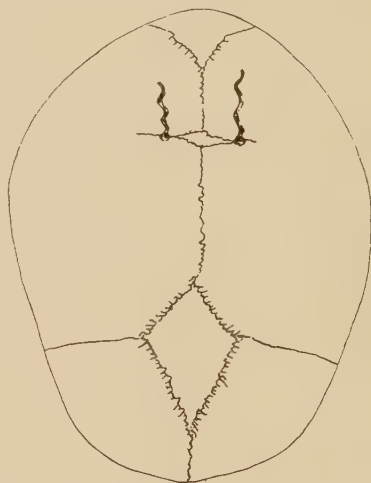


FIG. 2.—Sagittal fontanelle.

centres, then from these two centres the radiating osteogenetic fibres pass to the borders of the bone, and at the points furthest from the centres tend to leave gaps. Such a gap exists for a long time in the region of the parietal fontanelle, forming a membranous space. This usually becomes closed about the fourth month of intra-uterine life. It may, however, remain until birth, embarrassing the accoucheur, and a trace of it may even persist throughout life, as the parietal foramen, serving for the transmission of certain vessels (Figs. 3 and 4).

The presence of parietal foramina is an anatomical fact long known; the theory that such foramina are connected with the blood-supply of the pineal eye has been on all sides accepted; but the importance of these foramina and their transmitted vessels in the production of these various pathological hæmorrhages has scarcely been entertained.

Transmitted through the parietal foramen, intra-parietal suture, or sagittal fontanelle, as the condition may be, are blood-vessels—an artery and a vein—which form one of those important channels of

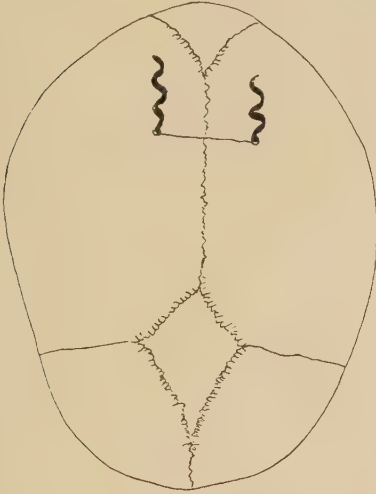


FIG. 3.—Intra-parietal suture.

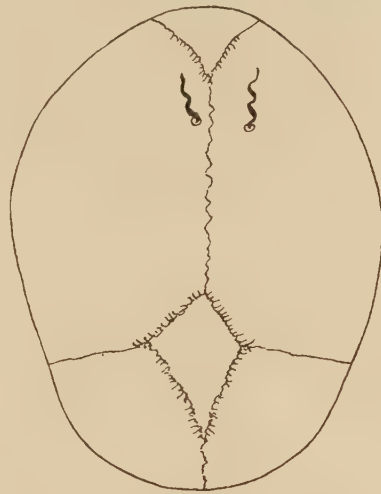


FIG. 4.—Parietal foramina.

vascular communication between the structures which lie without and those which lie within the skull.

In a foetal skull of normal ossification subjected to normal and even to excessive moulding these vessels are safe from injury, but

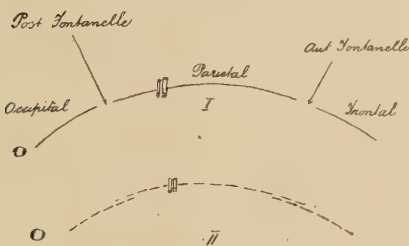


FIG. 5.

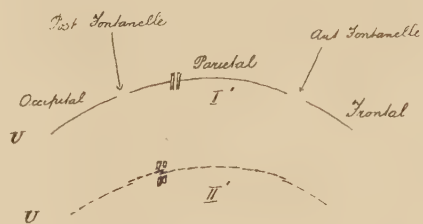


FIG. 6.

Diagram illustrating the moulding of the vault of the foetal skull in the antero-posterior plane during its transit through the birth canal. O. Ordinary, vessels escape. U. Unusual, vessels injured. I, I'. Before moulding. II, II'. During moulding.

with accessory sutures and irregular moulding they are liable to mechanical injury. This injury may lead to—Rupture of the artery (a) on outer side of skull; (b) on inner side of skull; tearing of the

vein; laceration of both vessels; thrombosis of these vessels (Figs. 5 and 6).

Moreover, such an injury may occur on both sides, but is more liable to be found in connection with the parietal bone which lies outermost. To these forms of injury all vertical hæmorrhages of the reactionary period of the new-born can be traced.

I have been able to produce the external cephalhæmatomata artificially by mechanical pressure, also by lacerating or dividing the vessels with a tenotome, and to demonstrate the same by rhythmical injection of the ruptured vessels with a coloured preparation.

COMMON FACIAL LESIONS AND INFECTION.

By FRANK H. BARENDT, M.D.Lond., F.R.C.S.,

Senior Physician, St. George's Hospital for Diseases of the Skin; Consulting Dermatologist, Royal Southern Hospital, Liverpool.

ERUPTIONS occurring on the face in children are among the most frequent, not only in hospital, but also in private practice, for which medical advice is sought. The fact that the face, being uncovered, is constantly exposed to atmospheric changes and all kinds of injury, does not completely account for this frequency. There is another factor which is inseparably associated with the tender age of the patients and is never absent, though its presence is more often graphically realised in the children of the poor. I refer to the action of secretions from the mouth, nose, and eyes on the skin in their immediate neighbourhood. These secretions may be normal, and yet if allowed to remain on the skin produce by their ever-continuous renewal, typical lesions. These are often called "scurvy" by the mother—but of course they have nothing whatever to do with scorbutus—and are frequently regarded by her as an indication of the child's general health being below normal.

The type of the eruptive patch is a squamous macule. It is circular, varying in size, red by contrast to the surrounding healthy integument, and covered with fine furfuraceous scales. To the touch the surface is rough, but the patch is not raised above the level of the healthy skin, and there is no induration.

With a Coddington lens, the epidermis is seen to be chipped and fissured in every direction. Some of the fissures extend to the

stratum papillare of the derma, showing at the bottom little specks of blood-clot. Others extend only to the *rete mucosum* of the epidermis, revealing at times a glistening discharge, which congeals here and there on the surface of the patch and forms a sticky honey wax-like substance (*meliceris*). This under a higher power is seen to consist of distorted swollen epidermal cells derived from the deeper succulent layers of the epidermis, and frequently wool-hairs. Under glass pressure, the redness of the patch is obliterated, and the fissures become more noticeable to the naked eye. In anæmic children, the circumscribed dull sand-papery appearance arrests attention.

The distribution of these patches is characteristic; in fact, the site accounts in a great measure for their presence. The favourite aræ are the angles of the mouth, the mental sulcus, the submental region, the prolabium, the promontory of the cheeks, and the external commissure of the eyelids. They are also met with in the sub-maxillary groove, caused by a too tight hat-elastic or friction of the bonnet-strings.

The exciting cause of this type-lesion is the natural discharge from the neighbouring apertures. This action on the epidermis is often aggravated by the over-use of soap and water and mechanical friction in drying the patient's face.

In infants drivelling is usual, the mental sulcus is continuously wetted, and the bib acts like a wet compress to the submental region. The movements of the head increase the extent of the macerated area. Indeed, even in well-tended children it is remarkable how frequently submental roughness is present, readily enough detected by the finger. Fortunately as the child grows and the neck becomes more obvious, this submental patch disappears as the bib is no longer now in continuous contact.

The use of the dummy teat—speciously termed a “comforter”—often starts the prolalial lesion; such pacificators should be strenuously discountenanced. During the period of dentition the angles of the mouth are affected, and that angle of the side on which the child chiefly lies shows a more extensive patch than the other. The pillow or head-wrap becomes wet with discharge and the impinging hair of the wool upon the fissured epidermis irritates the patch still more. Circumoral patches are often seen in children when they begin to feed themselves, and eat fruit and sweets. Particles of food are left to dry on the epidermis and so irritate it.

Nasal discharge due to coryza constantly produces the lesion extending from the prolabium to the columella and *alæ nasi*. In older

children the inspissated mucus gives rise to nose-picking, and so aggravates the nature of the eruption, which may become distinctly rimose.

Tears flowing over a skin temporarily actively congested, if allowed to evaporate, irritate the integument from the salt they contain. At the promontory of the cheek they remain stationary, and it is here where the epidermis displays the patch. From the aspect of the cheeks the amount of tear shedding a child does can be gauged, and an index to the temperament and general health is thus obtained. In epiphora in adults the roughness of the skin is frequently manifest; in children because crying is supposed by many to be inseparable from their childhood, similar skin irritation is often overlooked, or if noticed, not referred to the cause. The outer canthus of the eyelids becomes tear-sodden when the child is in the recumbent posture, and one side shows generally the patch more developed than the other.

These facial patches form a suitable ground for, nay invite, the insemination of pathogenic micro-organisms, which is furthermore facilitated by misguided zeal in the too frequent use of soap and by inappropriate external medication (*e. g.* sulphur ointment). Dissemination is produced by the roaming rubbing fist of the little patient, and we may get the clinical picture of *impetigo*, so frequent in hospital practice, or a mask of *eczema* in various stages of evolution and involution. As a rule the pustules of *impetigo* are thickest and best developed in the sites of these patches, and *eczema faciei* generally has had its origin in them. Again, the tubercle bacillus may find a suitable breeding ground in the succulent fissures of these lesions.

It is therefore of prime importance that their occurrence should be prevented by rendering inoperative the causes, and combating as far as possible the conditions favourable to their inception. It is self-evident that the epidermis must be kept intact by directing *explicitly* the attention of the mother to the obvious causes, and the preventive measures that these imply. With the object of obtaining a sound epidermis in these sites, the following dusting powder may be used :

R. Talci Veneti	} <i>āā partes æquales.</i>
Zinci oxidi	
Amyli purissimi	
Fiat Pulvis Aspersorius.*	

* These may be skin-tinted with Armenian bole or Tinctura cocci, and perfumed with Oleum geranii, if desirable.

A powder-puff made of cotton-wool, and therefore renewable as often as desirable, is used to dust copiously the powder over these regions. In the bib area, a pad of the same material well sprinkled with the powder is of service, and the pillow at night may be well dusted and so protect the region.

If the dusting powder fail to afford efficient protection, the following paste may be used :

R Zinci oxidi	} ãã partes æquales.
Amyli purissimi	
Adipis lanæ hydrosi	
Paraffini mollis	
Fiat Pasta.*	

It should be spread butter-fashion, on the patch and left *in situ* for twenty-four hours, and it should effectually cover and overlap the margins, so that there be no doubt about its protective capacity. If the use of soap and water interfere with *restitutio ad integrum*, these must be interdicted, and olive oil B.P. used in their place. It may be conveniently applied by means of a broad camel's-hair brush, and the region gently dried with a soft piece of linen. Sapo durus B.P. is the most suitable soap for, and least harmful to, the skin when the use of soap and water is resumed. Even then a little olive oil may be gently rubbed at night into the skin, especially if there be any sign of redness or roughness.

If the general health require attention, cod-liver oil warmed to facilitate deglutition, together with the syrup of the iodide of iron, are admirable remedies.

In conclusion let me repeat that a sound epidermis is Nature's surest defence against bacterial invasion. Therefore it behoves us not to overlook such lesions, trivial though they be, ever bearing in mind the danger to which the little patient is exposed. I need only mention how often lupus attacks the face, how insidious is its onset, how direful its ravages, how rebellious it is to treatment, in order to accentuate the supreme importance of prevention in cutaneous diseases.

* These may be skin-tinted with Armenian bole or Tinctura cocci, and perfumed with Oleum geranii, if desirable.

The Society for the Study of Disease in Children.

A MEETING of the Society was held on Friday, March the 18th, at No. 11, Chandos Street, W., Dr. PERCY LEWIS (Folkestone) in the chair.

A Case of Enlarged Liver and Spleen in a girl of thirteen years was shown by Mr. HAROLD BURROWS. Six months previously laparotomy had been performed for supposed hydatid disease of the liver, but the liver was found to be uniformly enlarged and smooth. There was no history of syphilis, but as there were the remains of old retino-choroiditis in both eyes, a diagnosis of syphilis had been made.

Dr. GUTHRIE agreed that the case was probably syphilitic, and asked if there was an excess of red blood-cells, which had been found in some cases of hepato-splenomegaly.

Dr. PORTER PARKINSON recalled a case published by Sir Thomas Barlow in which hepato-splenomegaly had persisted from infancy to adult life, accompanied by recurrent attacks of abdominal pain and jaundice.

A Case of Mitral Disease, with Recurrent Attacks of Dilatation of the Heart in a girl of twelve years was shown by Dr. C. W. CHAPMAN. These had at first yielded to the ordinary remedies, but later the dilatation and failure of compensation were not relieved until the administration of adrenalin solution in 5-drop doses every four hours. This was followed by steady improvement.

In reply to questions by Dr. Fortescue-Brickdale (Bristol), Dr. CHAPMAN said that the symptoms, amongst which was orthopnoea, had been unrelieved by ordinary measures, and the child had derived no benefit until the use of the adrenalin solution.

A Case of Hæmatoma of the Parietal Bone in an infant of eight weeks was shown by Mr. KEOGH MURPHY. At the age of six weeks the swelling was still soft and fluctuating, but a fortnight later it was rather larger, and hard and bony throughout.

Dr. GEORGE CARPENTER said that in a similar case which felt exactly like bone and suggested an osteophyte, the X rays had shown that the swelling was not really composed of bony tissue, and asked whether Mr. Murphy had made this test.

Mr. HOWELL EVANS thought that the tumour was bony, and that the development of such a condition was a strong argument in favour of early surgical interference in all cephal-hæmatomata.

Mr. MILNER BURGESS (Harlesden) said that in an experience of twenty years he had seen many cephal-hæmatomata, and had never seen any bad results from leaving them alone.

A Case of Double Pes Cavus in a boy of four years was also shown by Mr. MURPHY. Two years previously his walking had become awkward, and had steadily become worse. There was no history of acute illness as an exciting cause. The left lower extremity showed a condition of equino-varus,

with contraction of the plantar fascia and tendo Achillis. The foot could only be put into a good position with difficulty. The right lower extremity showed a condition of talipes calcaneus and valgus, with great laxity of the ligaments. The tendo Achillis and the tendon of the tibialis posticus could not be felt, and there was great wasting of the gastrocnemius muscle.

Mr. DOUGLAS DREW thought that the condition was due to anterior poliomyelitis, and suggested that a good result might be brought about by transplanting the peroneus longus of the right leg on to the tendo Achillis.

Dr. GUTHRIE thought that careful electrical reactions should be taken so as to settle the question as to whether the disease was anterior poliomyelitis, or a congenital want of development, or some obscure form of myopathy.

A Boy who had been subject to Peculiar Attacks for two years, in which he would suddenly run to his mother, exclaiming "Horrid smell," was shown by Dr. LEONARD GUTHRIE. His age was eleven years. He would appear much agitated and distressed for a few moments, sometimes spitting and grimacing, and going through the action of trying to pull something out of his mouth. He would then behave "as if he were silly," running to persons in the room, and trying to embrace them. After five or ten minutes of this behaviour he would become quiet, turn pale, shiver as if cold, seem exhausted, and lie down to sleep. Dr. Guthrie regarded the case as one of automatism with olfactory and gustatory auræ, a condition allied to epilepsy or megrim. Under treatment with bromide of potassium in 8-grain doses thrice daily the attacks diminished rapidly in frequency and severity.

The CHAIRMAN (Dr. PERCY LEWIS, Folkestone) commented on the large pupils and a tendency to exophthalmos in the patient.

Dr. A. E. JONES said that visual auræ were of two kinds, (1) of persons, which were usually unpleasant, and (2) of landscapes, which were usually pleasant.

A Case of Multiple Congenital Deformities in a girl of five years was shown by Dr. EDMUND CAUTLEY. She was one of twelve children, all the others being healthy and well formed. She was very small and intellectually deficient. Walking or standing had not yet been accomplished, although there was no indication of a muscular or a nervous lesion. The eyes were marked by notching of the upper lids, dermoid cysts on the conjunctivæ, coloboma of the iris and choroid, and choroidal atrophy. There were accessory auricles, and macrostoma on the right side.

Mr. LOCKHART MUMMERY said a most interesting point was the association of auricular appendages with the fissure of the mouth, because those cases seemed to carry out the theory that the auricular appendages were developed around the outer end of a partly persistent inter-maxillary cleft, the anterior part of which was represented by the fissure of the mouth.

Mr. HOWELL EVANS pointed out that the notch in the upper eyelids occurred at a point where there was a division between the nerve supply of the outer two-thirds and the inner third, a situation often occupied by birth marks, moles, etc.

A Case of Chronic Interstitial Nephritis in a boy of eight years was shown by Dr. G. A. SUTHERLAND. There was marked cardiac hypertrophy and thickening of the radial arteries. The urine was of low specific gravity

and contained occasionally a trace of albumen and granular casts. There were no retinal changes. Dr. Sutherland commented on the syphilitic origin of these cases, although no history of that disease was present in the present instance. The prognosis was worse than in adult life, for the disease ran a more rapid course in children.

Mr. THOMSON WALKER thought that syphilis was a frequent cause of such cases, and asked whether there was any possible septic focus in the present case which might have started interstitial nephritis.

A Specimen of Early Parrot's Nodes from a child of two years was shown by Dr. E. P. BAUMANN. The nodes were in an early stage, being small, sharply limited, and still vascular. It was uncommon to find them developing at such a late age. The patient had well marked signs of syphilis.

Dr. GEORGE CARPENTER said that he regarded Parrot's nodes as definite evidence of syphilis, and that the spleen would be found to be enlarged in 50 per cent. or more of such cases. It was a syphilitic manifestation which was prone to arise in a rickety subject.

An Embryonic Cyst of the Mesentery from an infant eight months old was also shown by Dr. BAUMANN. The patient developed symptoms of acute intestinal obstruction, intussusception was diagnosed, and on operation a cyst was found between the layers of the mesentery, kinking the lower end of the jejunum. The cyst was the size of a pigeon's egg, and contained a quantity of viscid fluid in which cholesterin crystals were present. Such cysts were formerly known as chylous cysts of the mesentery, but were now regarded as embryonic in character.

Dr. GEORGE CARPENTER had seen a mesenteric cyst in an infant which came under clinical observation as an abdominal tumour. In that case the cyst was associated with enlarged glands, and the possibility of a tuberculous abscess was entertained on that account, but at the operation it was found to be a mesenteric cyst accompanied by enlarged glands which were non-tuberculous.

The following papers were read:

1. Congenital word-blindness in children, by Mr. Sidney Stephenson, and
2. Notes on a case of nephro-lithotomy, by Dr. Porter Parkinson and Mr. Douglas Drew.

Editorials.

MUNICIPAL MILK SUPPLIES.

THE desire shown by certain municipalities to improve the health and diminish the mortality of young infants is one which will be cordially encouraged by all members of the medical profession. It

is in no carping spirit that we wish to criticise, not the aims of these authorities, but the means which they are adopting for the purpose. The method which has usually commended itself to the town authorities and their health officers is to supply, at a moderate cost, cows' milk which has been pasteurized, or sterilized, or humanized; and the main object is clearly to prevent the ingestion of active pathogenic organisms, and more especially of the tubercle bacillus.

It will be admitted that before a public authority takes special preventive measures as regards infective disease it ought to be quite sure of the facts on which it proposes to act. Has it, then, been clearly proved that tuberculosis is largely conveyed to infants through cows' milk containing tubercle bacilli? Certain statements on this subject emanated from the Local Government Board a few years ago, which led to the belief that there had been a definite increase in the number of deaths from *tabes mesenterica* in infants under two years of age, and that this increase was due to the consumption of tuberculous milk. It was soon pointed out that the statistics on which these statements were based were the death certificates of the country generally, and that in the majority of these *tabes mesenterica* was assigned as the cause of death without any post-mortem examination having been made. In such a disease as *tabes mesenterica* the absence of a necropsy must always leave the diagnosis uncertain, and statistics based on these returns are of little value. When the subject was further investigated at the children's hospitals it was found by the post-mortem records that *tabes mesenterica* was a comparatively rare disease in infants, and that hospital experience failed to lend any support to the Registrar-General's statistics. The statements, therefore, that *tabes mesenterica* is increasing in the country, and that the cause of the increase is infection from tuberculous milk, must be regarded, for the present at least, as not proved.

If municipal authorities undertake to supply milk to the public, the public will naturally expect and demand that this milk shall be a proper food for infants. Can milk which has been sterilized or humanized be so described? Pure fresh cows' milk, unaltered or boiled on delivery, has stood the test of experience, but the various modifications by sterilizing, humanizing, etc., are still on trial, and in

many cases have led to scurvy, anæmia, or malnutrition. They are means employed by medical men for special reasons and for a limited period; but they produce such changes in the milk that their employment on a large scale and apart from medical advice is not justifiable. We do not know if a death from municipal milk has yet been reported, which might prove awkward for the municipality supplying it, but undoubtedly physicians have traced disease and deterioration in health to this method of feeding.

We have the greatest respect for the medical officers of health in this country when carrying out their own work, but the feeding of infants is rather outside their sphere, and is a branch of medicine in which few of them have had any special training or experience. Their statistical results as to feeding by municipal milk form most interesting reading, but we are not prepared to accept them as finally settling problems which have exercised, and are still exercising, all the skill of specialists in diseases of children. The effects of a dietary on a large number of infants can only be correctly estimated by those who have the children directly under their own observation. Statistics as to the death-rates of infants fed on municipal milk and others not so fed are practically worthless, because so many unknown factors come in.

We do not wish to imply that municipal authorities cannot do a great deal to improve the milk supply and the health of infants. If the water supply of a town were found to be contaminated by organic matter, we should not expect the authorities to establish a large sterilizing centre, but to find out and remove the source of contamination. Let the municipal authorities look after the milk at the sources of contamination, namely, at the farm, in transit, and in the shops where it is sold. If proper measures were taken to secure the delivery of a pure milk to the consumer, there would be no necessity for the establishment of a municipal milk depôt. We admit that there are difficulties in the way, but as public interest has now been aroused on the subject, we believe that public support would be forthcoming. Each town ought to have authority to license every farmer who supplies milk to that town, and to refuse admission of the milk if the sanitary condition of the farm and the purity of the milk are not approved by the medical officer of health.

Similarly, each shop at which milk is retailed ought to be licensed and supervised by the health authorities. Probably the consent of Parliament would be necessary for the carrying out of these more stringent measures, but we believe that the time is now ripe for such action, and if the importance of the subject as regards infant life and infant health were properly represented, that such consent would not be withheld.

THE SOCIOLOGICAL SOCIETY.

It is with a feeling of great gratification that we observe the formation of a Sociological Society in London. Ever since the days of the now defunct National Association for the Promotion of Social Science it has been a source of reproach to England that she possessed no journal or society concerned with this most important study. The latter want has now been remedied and, as soon as financial considerations permit, the former will also be. Such names as Prof. Geddes, Mr. Oscar Browning, Mr. Benjamin Kidd, Dr. Bridges, Dr. A. C. Haddon, and Mr. H. G. Wells, serve as a guarantee that the matter has fallen into the right hands. The first meeting of the Society was held on April the 18th, which was by a curious coincidence only five days before the publication of the autobiography of the greatest English sociologist, Herbert Spencer. Mr. James Bryce was in the chair, and Prof. Westermarck delivered an interesting lecture on "Women in Early Civilisation," on which subject he is perhaps the greatest living authority.

To those of us who are interested in the welfare of children—and which of us is not?—the existence of this Society will be especially welcome. Problems of heredity, eugenics, hygiene of infancy, of the care and training of children, are amongst the most urgent with which the Society will have to grapple. For these and other reasons we wish the Sociological Society all success and a fruitful career.

Excerpta Puerilia.

Child-slaves.—Mr. Robert Sherrard has been contributing to the 'London Magazine' some articles on the "Child-slaves of Britain." It is said that "for sheer misery of laborious and underpaid labour in which children are forced to participate as long as their little fingers can move and their eyes keep open, it is in the kitchens of the squalid homes in the courts and closes that we must look." And even our Government apparently, thoughtlessly no doubt, is guilty of encouraging the sweating system. Children are said to aid in the sewing the chains on to leather for soldiers' chin-straps, and the Government is very particular. Any strap in which the seventy-two links are not sewn on in the best style is pitilessly refused. 1s. 8d. has been said to have been earned by two people in two days, and working from 6 a.m. until 11 p.m. At wrapping up hair-pins it is said as much as 2½d. can be earned by four children in two days. For this sum 1,000 packages have to be made up. One penny a day can be earned by a child in bending the tin clasp round safety-pins. More, however, may be earned in fastening safety-pins upon cards. It is said that after practice a child can earn ½d. an hour. Three halfpence can also be earned for varnishing 144 penholders. Each penholder has to be rubbed with sandpaper and given five coats of varnish. It is said that the comfort of a slum kitchen can be imagined when three pennyworth of penholders, 288 in number, are lying about in process of drying. These facts were gathered from the city of Birmingham, but we know that Birmingham is by no means unique amongst provincial cities in its pathos of life amongst the very poor. We talk of the blessings of civilisation, but although with savage races we believe there is sometimes scarcity of food, the dreadful daily round of the struggle for existence is unknown amongst them. In primitive conditions of life when one suffers lack of food all suffer, because the absence of the necessities of life is due to natural causes such as drought or the visitation of some pest. Amongst the civilised, however, there is food on every hand, but the struggle in the case of many is how to honestly obtain any of it.

State children.—Apparently about 60,000 children are wholly dependent on the rates. These are variously housed, a large per-

centage, 22,000, still remain within the workhouse itself, but others are boarded out in barrack schools, or in village communities. The village community system is, as might be expected, the most expensive, the cost of maintaining a child averaging over £33 annually, while the cost of boarding out in a family is about £13 a year.

The children's village community appears to be an ideal system for the training of children dependent for their maintenance upon others than their own relations. The village has its school, chapel, workshops, library, gymnasium, swimming baths, and playing fields, the children living in groups in various cottages under foster-parents. The Birmingham Union established the first of these villages in 1880, and Kensington and Shoreditch soon followed. Cardiff started a somewhat different system known as the "scattered home" system, the idea being to entirely dissociate the child from the taint and prejudice of pauperism. Under this system small residential houses are acquired in various parts of the town in which ten to twelve children, including boys and girls, live under a foster-mother, and attend the board school in the neighbourhood. From the sentimental standpoint perhaps the "scattered home" system could hardly be improved upon, but apparently the training as trade craftsmen the boys receive in the "village" communities has, according to the reports, placed the boys that have left the villages in a position that it is said gives little prospect of their drifting back on the rates for support unto the third or fourth generation. This is rather a bold prophecy, but there can be little doubt that boys who have been well fitted by training and education to fight the battle of life, are not likely to produce children who will be thriftless or incapable.

The criminal instinct.—Sir Robert Anderson, formerly head of the detective department at Scotland Yard, has an article in the 'Daily Chronicle' upon the criminal instinct. Amongst other remarks he makes the following:—"Human nature being what it is, animal spirits and what is called 'force of character,' unless brought under control by discipline or training of some sort, will inevitably lead to mischief. And in certain conditions and circumstances mischief is apt to bring people within the meshes of criminal law." The acceptance of the foregoing statements will suggest the reflection that if by the "criminal instinct" he meant the tendencies here specified, some of us would resent the imputation of being destitute of the criminal instinct! After, however, speaking of the "criminal instinct" of the Lombroso type, he says:—"Even the brute will yield to the influence of environment and discipline. It cannot be

raised to a higher plane of being, but it can be brought to acquire habits which normally belong to a higher plane." "A well-trained dog is a safe companion for other domestic animals that he would naturally attack, and may even be trusted in the larder; and a man of low type may be a harmless and useful member of the community." Such a being, however, Sir Robert states, is very different from a lunatic. He says: "A lunatic can no more be trusted than a tiger." Amongst professional criminals, he says, are "shrewd men, who dislike the drudgery of work and love the excitement of adventure." There is also the question of nationality to be considered. The Irish are said to be most law-abiding if treated with "firmness and fairness," but "no people get out of hand more quickly if left without proper control." If lunacy be excluded, Sir Robert considers that "congenital" criminal instincts are so rare that, "in England at least," they "may be ignored." That is to say, he considers that a congenital "propensity to commit criminal acts which cannot be checked by environment or controlled by discipline" is very rare. "The offspring of criminal and vicious parents are sometimes more difficult to train and control than children of happier birth," but "generally speaking the difference between them is only one of degree."

The Care of the Feeble-Minded.—A conference of the After-care Committees of Birmingham, Leicester, and Nottingham was held at Birmingham on Thursday, March 24th, in order to discuss questions and difficulties with regard to the treatment of the feeble-minded, the investigations of the above Committees having convinced them that permanent care of the feeble-minded in residential homes is the only satisfactory and adequate method of dealing with them. One of the chief objects of the conference was to define the lines on which it is advisable to work, in order that local authorities throughout England should, in applying to Government for extension of powers, adopt proposals substantially similar. The following papers were read:—(1) "Special Classes and Boarding Schools for the Mentally Defective," by Miss Dendy (Secretary of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded). (2) "The Responsibility of the State towards the Feeble-Minded," by W. H. Dickinson, Esq. (Chairman of the National Association for Promoting the Welfare of the Feeble-Minded). (3) "Further Accommodation for Non-Pauper Imbeciles," by Mrs. Hume C. Pinsent (Chairman of the Birmingham Special Schools Sub-Committee). In conclusion the following RESO-

LUTIONS were adopted unanimously :—(1) “That in the opinion of this Conference it is necessary that the provisions of the Elementary Education (Defective and Epileptic Children) Act, 1899, should be made *compulsory*.” (2) “That an inquiry should be held to consider whether, and if so what, alteration of the law is necessary, so that *harmless pauper and non-pauper lunatics, epileptics, and feeble-minded could be confined in suitable establishments upon a different certificate to that now required*.” (3) “That Boards of Guardians should receive a grant of four shillings per week for every harmless lunatic, epileptic, or feeble-minded person sent to homes provided by them to the satisfaction of the Local Government Board.”—HERBERT PERRY.

The use of both hands.—At the North Hackney High School for Girls the principal, Miss Alice James, has instituted ambidextral training. It is said by reports in the daily papers that amongst some of the girls astonishing proficiency has been attained, and some can draw as rapidly and well with the left hand as with the right. Use of both hands is said to aid the development of the mind, and the child displays increased interest in all departments of study. This assertion seems to us difficult to prove. We should doubt whether a girl who learned to play the piano is likely to be, when adult life is reached, better equipped intellectually than one who had spent the time in drawing with one hand which her sister has given to the practice of music with both hands. There can be no doubt that in the human being the use of one hand in preference to the other is inborn. This fact was illustrated by an experiment mentioned in a recent lecture on the subject. A baby, out of seventy-nine trials, was found to take a ball seventy-five times with the right hand, and only four times with the left. Although it may be useful in more ways than one that training should not allow this inborn faculty to have too much of its own way, some observers have stated that to force a naturally left-handed child to become right-handed delays the development of speech. We have known one case where such appeared definitely to be the case. A boy naturally left-handed who was made to use his right was taught to speak by a brother nearly two years younger than himself. This delay in development of speech was not due to lack of mental power in the elder boy, because in later life he proved himself in competitive examinations to possess abilities considerably above the average.

Marie Corelli on babies.—In the ‘Strand Magazine’ Marie Corelli gives her views on the subject of babies. The following

description of parents' usual treatment of their infants will be recognised as not far from the truth:—A baby, "as quiet and meditative a little soul as ever took baby form," is seated on its mother's lap, who, "instead of sympathetically admiring the wistful little face," "seized the child in the usual sudden fashion, dandled it, pinched it, tossed it up, poked it, patted it, and rearranged the clothes." The father "foolishly chirruped" like a "hoarse sparrow," and the "whole parental pantomime first bewildered the baby and then destroyed its peace and comfort entirely," with the result that there was screaming, to stop which all attempts proved unavailing. Mothers, no doubt, have often themselves to blame for the restlessness of their infants. They train the baby to expect attention with the result that it is never happy unless it gets it. Even with a naturally restless child, to pick it up and dance it about directly it cries is often mistaken kindness. In children's hospitals we have been told that nurses often find the only thing to do when noisy infants are screaming in chorus is to walk out of the ward. When they find that screaming does not attract attention they have the good sense to realise that, if the exertion produces nothing in the way of compensation, they had better remain quiet.

Effects of the Child Employment Act.—The Hornsey Borough Council has inquired into the number of children in the district compelled to work during school hours. Apparently 7 per cent. of the children come into the category. One six-year-old boy worked $11\frac{1}{2}$ hours a week delivering milk, and there were fourteen other cases under the age of eight, and seventy-four between the ages of eight and ten. One boy, aged 13, worked $44\frac{1}{4}$ hours a week at a bootmaker's, and another, aged 12, was employed $35\frac{1}{2}$ hours a week delivering coal. A boy, aged 11, worked $43\frac{3}{4}$ hours in carrying parcels from a chemist's shop, and another boy, aged 13, worked 52 hours a week, but was obliged to play truant from school on one afternoon in each week in order to procure this amount of time, which averages nearly nine hours a day in addition to the time spent in school. The record number of hours was, however, held by a boy of thirteen who worked $58\frac{3}{4}$ hours delivering beer, but how often he played truant from school and whether he worked on Sunday is not mentioned.

The pay of the children in some instances is also worthy of note. Thus a girl of twelve worked seventeen hours a week after school sewing buttons on shirts, for which she received three-halfpence a dozen. Apparently she earned about eighteen-pence a week.

Cigars for boys.—A few years ago our attention was attracted to a picture in one of the comic papers—it was ‘Punch’ if our memory serves us aright—of some Scotch juveniles who had been caught smoking under the kirk walls by the sexton, who was so indignant at the sacrilege that he confided to them in broad Scotch that they might continue to indulge in the weed but as a consequence of their iniquity they would smoke more in the place they were gangin’ tae. Theological views have apparently undergone perversion since then, and now we find from the ‘Daily Mail,’ which has been compelled to defend a libel action successfully brought against it by a country vicar, that a gentleman who had a separate Bible class of elder boys, which was held in a separate room, had given some of the boys a cigar each on one occasion and a packet of cigarettes on another. These presents, according to the plaintiff’s counsel, were not a bribe to the boys at all. It was done out of kindness—mistaken kindness. The ‘Globe,’ on learning of the incident, could not restrain its feelings and burst forth into song to the following strains, the recitation of which provoked the judge and jury who tried the case to loud laughter.

O FUMOSE PUER.

Oh, teacher, I’m so happy
 In my little Sunday school;
 For my pipe is drawing nicely,
 And the mixture’s smoking cool.
 And I find it very pleasant
 Just to sit here blowing rings,
 While you give us your reflections
 On the Babylonian kings.

On a morning in October
 I resolved to change my ways,
 When you caught me, teacher, napping:
 You had chased me many days.
 For you whispered to me gently,
 As in vain I strove to pass,
 “I have smokes for little children
 Who attend their Scripture class.”

Oh, teacher, I’m—excuse me,
 For a moment, if you will.
 I am feeling slightly—bother!
 Why won’t the floor keep still!
 The bench on which I’m sitting
 Seems as frisky as a lamb.
 Am I—am I going—going,
 Am I going to—yes, I AM!

The art of smacking.—We are a little too much accustomed in our educational enthusiasms to assume the consent of the pupil. But children are not always so anxious to adopt the schemes elaborated for their guidance, and a paper on "Child Punishment," read before the Childhood Society last night, touches points that need some emphasising. The fact is that the punishment of children is a subject that wants studying just as much as any other branch of education. The right apportionment of smacks and sugar-plums is as delicate and important a matter as the arrangement of the hours for arithmetic and French exercises. We welcome a protest against exaggerated fears (on the part of the punisher) of corporal punishment. No angry blows, of course, and no hypocritical lectures beforehand—but a good sound whipping administered in a calm and friendly way will be found to have all the characteristics of *homœœa*. To make the punishment fit the crime should be one of the most earnest studies of parents and guardians, and if attained in time this science will prove at least as valuable as any other in the education schedule.—'St. James' Gazette.'

Abstracts from Current Literature.

Surgery.

The operative treatment of prolapse of the rectum ('*Thèse de Paris*,' 1903).—**Lenormant** considers the various methods which have been recommended from time to time for the treatment of rectal prolapse, and gives a bibliography of the subject. In particular, he considers the operation of Verneuil and its modifications. This begins with a linear incision from the coccyx to the edge of the sphincter through which the posterior wall of the rectum is exposed and freed; it is then narrowed by picking up a number of longitudinal folds, and suturing these in such a way that the sutures do not encroach on the mucous membrane; lastly, the rectum is supported by attaching it to the ligamenta sacro-spinosa. Objections have been made to this procedure on the ground that only the posterior wall is attacked, and that the chief cause of the prolapse, the weakness of the pelvic floor, is unaffected. Lenormant has met these objections by exposing the anterior rectal wall through a second incision, and by bringing the levatores ani together after freshening their inner borders. He has successfully adopted this plan even in extreme cases, but for the worst cases he recommends colopexy.

KEITH MONSARRAT.

Intubation in diphtheria (croup).—For reasons that would be difficult to specify, intubation as a procedure undertaken for the relief of threatening

asphyxia from laryngeal stenosis, has not met with as much favour in England as it has in America and on the Continent. From the large number of encouraging reports which have appeared in the medical journals of recent years, some examples of which are subjoined, it may safely be concluded that intubation is an operation which has come to stay. Its advantages compared with tracheotomy are so apparent that no time need be wasted in enumerating them, while the objections brought against intubation are largely of that "bogey" order which vanish on closer acquaintance. It is, however, a mistake to set the two operations in opposition to each other as though they were mutually exclusive. If intubation fails, as it occasionally does, to relieve the respiratory distress, tracheotomy may be resorted to without the chances of the patient having been prejudiced by the introduction of the laryngeal tube. Montefusco, in a monograph published at Naples in 1903, narrates his experiences of 203 cases of diphtheria (croup) eighty of which were treated by intubation, in the Ospedale Contugno Naples. He holds that intubation should be tried before tracheotomy, and claims that when the latter is found necessary the presence of the laryngeal tube enables the surgeon to perform the cutting operation with ease and deliberation.

The difficulties experienced in entering the trachea of a child under the age of twelve months, and the indifferent success following the operation at this early age, are well known. Intubation, however, may be safely and successfully performed on young infants, as Montefusco and Sippel of Stuttgart found. The last-named author ('Med. Corresp.-blatt d. Württemb. ärztl. Landesvereins,' 4, 5, 1903) met with 360 cases of diphtheria in the space of eighteen months, of which 196 suffered from croup and 100 were intubated, with a mortality among the intubated cases of 10 per cent.; nine of the cases intubated had tracheotomy performed in addition, and of these five recovered. Montefusco's mortality of intubated cases was 26.5 per cent., and of Fairbank's thirty-three cases nine died ('Lancet,' June the 20th, 1903).

Henry H. Berg, in the 'New York Medical Record,' August 1st, 1903, gives an analysis of 578 cases of intubation in the Parker Hospital. In seventeen of these cases a prolonged use of the tube was found necessary. According to this writer's extensive experience 60 per cent. of the cases of prolonged intubation recover, the least satisfactory being those in which the stenosis is due to paralysis of the vocal cords following on diphtheria.

Delcourt ('Journal Med. de Bruxelles, No. 30, 1902) reports a case in which the tube remained *in situ* for 284 hours, with recovery, and Montefusco, in the brochure quoted above, relates a case of intubation prolonged for seventy-two days. So that the length of time a tube may remain in the larynx without setting up any degree of local disturbance is very considerable. When it is found necessary to leave the tube in position for any length of time we are advised to withdraw it daily in order to clean it (Fairbank). When we add that the difficulty of withdrawing the tube, which deters most men from using it, may be overcome by the simple expedient of fixing the thread, with which the tube is provided, to the cheek by means of a piece of sticking-plaster, nothing in reason remains to prevent a more extended trial of intubation in this country. DAN MCKENZIE.

Notes on the appearance of a rash following the removal of tonsils and adenoids ('Medical Press and Circular, January 27th, 1904).—Wingrave has now seen sixty-one cases, and analyses them thus: The age-limit

was $1\frac{2}{3}$ to 23 years. Sex showed forty females to sixteen males. The rash appeared on second or third day; its duration was two to four days; polymorphous in character; situation chiefly on head and back; no desquamation. The temperature does not rise above 100° F. The arguments against this being a septic rash appear to be that one case occurred in Wingrave's hospital ward and another in his private practice. The other theories, as injury, mechanical, or inhibition of tonsillar alexine duties, these are not discussed at all fully. The rash is not considered a modified scarlet fever.

RICHARD LAKE.

The difficulty of distinguishing clinically between glioma of the retina and so-called pseudo-glioma (*Ophth. Soc. Trans.* vol. xxiii, 1903).—**Percy Fleming and J. Herbert Parsons**.—The eye of a child, aged 6 months, was excised because it was supposed to contain a glioma. When the eye was opened a fine strand was seen passing through the vitreous from the optic disc to the back of the crystalline lens. In the latter position there was a mass of connective tissue. The eye was smaller than normal (= 15 mm.). On microscopic examination the fine strand was found to be a single, thin-walled, persistent hyaloid artery.

SYDNEY STEPHENSON.

Pemphigus of the conjunctiva (*Zeitschr. f. Augenheilk.*, November, 1903).—**Paul Cohn**.—For about a month a Russian child, aged 11 years, had suffered from a disease of the skin characterised by the formation of blebs upon the eyelids, scalp, face, and body. When examined by Cohn signs of the eruption were to be seen upon the buttocks, cheeks, lips, eyelids, and scalp. The mucous membrane of the mouth was not involved. The right palpebral fissure was wholly obliterated by adhesion of the lids one to the other; no cilia were visible. The condition as regards the left palpebral fissure was not quite so pronounced. Under ether, the ankyloblepharon was divided and the fissures lengthened. The lower palpebral conjunctiva showed several ulcerated spots, evidently resulting from recent blebs. The eyeballs, however, were intact, and there was no symblepharon. The immediate result of the operation was good, and the child left the hospital on the eighth day. Cohn's paper concludes with references to thirteen more or less similar cases.

SYDNEY STEPHENSON.

Medicine.

Sudden death and the thymus (*Amer. Med.*, June 20th, 1903).—**J. P. Crozer Griffith** regards as causes of sudden or unexpected death in infancy (a) *coryza in the new-born*, giving rise to aspiration on the "so-called" swallowing of the tongue, which, being drawn backwards and upwards, prevents the entry of air; (b) *pertussis*, acting in a similar way; (c) *asphyxia* from overlying, though he thinks many of these have died from other causes; (d) *spasm of the glottis*, due to irritability of the nervous system in rickets and debility, or even independent of either—some of the cases ascribed to this cause are really due to syncope; (e) *enlarged thymus and the status thymicus*.

An abnormal predisposition to sudden death in children and adults has been found associated with enlargement of the thymus and lymphoid tissues, possibly due to a constitutional disturbance from faulty metabolism. It is

probable that the enlarged gland can produce death by simple pressure. Paltauf denies this, and thinks the condition described by him as the status lymphaticus, in which the spleen, thymus, and lymph-glands are enlarged, is essential. It is quite feasible to suppose that death in such cases may be due to (1) pressure; (2) laryngo-spasm; or (3) lymphatic constitution.

EDMUND CAUTLEY.

Enteric fever ('*Arch. of Pediatrics*,' vol. xxi, p. 81, February, 1904).—**Adams** gives a *resumé* of 337 cases admitted to a children's hospital in Columbia during three decades, 1872-1903, the records of 1885 and 1897 having been lost. Sixty-two per cent. were admitted in July, August, or September. Only 11 were over twelve years of age, the age of admission having been gradually reduced from fifteen down to twelve years in 1888. Only one case was under one year. There was a decided increase in cases admitted after the fourth year. The mode of infection was ascribed to oysters 1, milk 3, water 25, and direct contagion 27. The mortality was 14·2 per cent., and was reduced from 30·7 in the first decade to 11·1 in the third. This was ascribed to the introduction of trained nursing, and to the use of hydro-therapeutic measures, viz. cold sponging, cold packs, and the bath according to the system of Brand. Autopsies were held on 37 of the 48 fatal cases with the discovery of the following lesions:—Perforation 11, all in the ilium; hæmorrhage 19, no bleeding vessel found; nephritis 4; and affections of the respiratory organs 4, circulatory 4, brain 3, peritoneum 2, bladder 1. Cancerum oris was present in 4 cases and all died. Relapses occurred in 9·4 per cent., but only resulted fatally in one. The diazo-reaction was present in 40·1 per cent. of 182 cases, sometimes not until the third week. Widal's test was positive in 58 out of 70 cases (86·8 per cent.). In about half the cases the course of the disease was mild. The writer regards intestinal antiseptics as of no benefit, and lays most stress on hydro-therapeutic measures and good nursing.

EDMUND CAUTLEY.

Cases of optic papillitis in enteric fever in children ('*The Ophthalmoscope*,' February, 1904).—**George Carpenter** gives details of two cases of enteric fever in children aged respectively seven and eleven years, where a mild form of optic papillitis was observed during the course of the illness. In the first case the papillitis was found on the sixty-first day, and in the second on the twentieth day of the fever. It recovered in one case, but the other patient was lost sight of.

SYDNEY STEPHENSON.

Double optic neuritis as a complication of whooping-cough ('*Archives of Ophthalmology*,' July, 1903).—**Gamble**.—The attack of whooping-cough had been a severe one, and slight double optic papillitis was observed four weeks after the beginning of the illness. The patient was eight years of age. Gamble gives the following conclusions:—(1) optic neuritis complicating whooping-cough seems to occur most frequently in girls (four cases, all girls); (2) it occurs with or without evidence of cerebral complications; (3) vision may or may not be disturbed; (4) prognosis as to sight is good when no cerebral complications exist; (5) that optic neuritis may result from direct action of toxins of pertussis upon the nerve-head.

SYDNEY STEPHENSON.

Note on the toxicity of ascarides ('*La Pediatria*,' May, 1903).—**C. Cattaneo** made some experiments to ascertain the accuracy of a generally

prevalent belief that intestinal worms have no pathogenic importance, and to explain, on the other hand, the different morbid manifestations attributed to them. The worms, obtained by spontaneous expulsion from children without the intervention of anthelmintics or purgatives, were placed alive in a liquid consisting of salt, glucose, peptone, and bicarbonate of soda, made to resemble to some extent the intestinal contents, for twenty-seven to thirty-six hours at a temperature of 30°. The solution became turbid, and examination revealed numerous micro-organisms, specially spermatozoa and ova of the worms, and numerous torulæ. Cultures gave rise to *Bacillus coli*, streptococci, and a fluorescent bacillus; the alkaline liquid became acid, lactic acid being formed, and the amount of glucose and peptone reduced. The solution was then filtered and injected into the peritoneal cavity of six guinea-pigs, which were attacked with paresis of the hind limbs; true convulsions were not marked; control experiments negatived the supposition of a bacillary infection. The author believes that the symptoms were caused by a poison secreted by the ascarides.

VINCENT DICKINSON.

A case of eosinophilia in the breast-fed infant of a woman affected with *Tænia mediocanellata* ('*Rivist. di Clin. Pedriat.*,' 1903, p. 310).—**Gagnoni** records the case of an infant, born of robust parents, who began to exhibit, at the age of three months, want of appetite, pallor of the mucous membrane, slight convulsive movements during sleep, restlessness, somnolence, and cachexia. Evacuations pasty. The mother suffered from polyphagia and epigastric pain, but was otherwise healthy. Her blood contained 8 per cent. eosinophiles, while that of the infant contained 12 per cent. Examination of the mother's fæces showed proglottides of *Tænia mediocanellata*. After expulsion of the worm the eosinophiles were reduced to 1 per cent. The infant's condition also improved, and a fortnight later the eosinophiles were reduced to 2·5 per cent., the normal figure in an infant.

VINCENT DICKINSON.

Bothriocephalus latus ('*Deut. Aerzte. Ztg.*,' January 1st, 1904, p. 2).—**B. Bendix** records a case in a girl aged 4½ years. She had been in good health until May, 1902, when she suffered from a violent attack of vomiting and diarrhœa. At the commencement of the attack, which continued for five days, she passed a tapeworm measuring nearly forty inches in length. Macroscopically the parasite presented certain features which suggested that it was not a *Tænia*. The microscope showed it to be a *Bothriocephalus*, and characteristic ova were discovered in the stools. The child was pale, and the red corpuscles and hæmoglobin value of the blood were found to be somewhat reduced. The number of leucocytes was normal, but the lymphocytes were qualitatively increased, and the eosinophile cells formed 8 per cent. (instead of only 2 to 4 per cent.) of the total number of the white corpuscles. The parasite was expelled by treatment with filix mas. The case is of interest on account of the great rarity of the occurrence of this parasite in children; it indicates, too, that this possible source of an otherwise unexplained anæmia must be borne in mind in the case of the child as well as in that of the adult.

E. P. BAUMANN.

The treatment of tapeworms ('*Prag. med. Woch.*,' February 4th, 1904).—**G. von Ritter** recommends the use of an extract of pumpkin seeds in the treatment of tapeworms. Filix mas is the drug which hitherto has yielded the best results, but every now and again cases arise in

which the administration of even small doses of the liquid extract has been followed by convulsions, collapse, blindness, and other toxic symptoms. Hence a strong prejudice has arisen in many quarters against the use of this drug. With the view to obtaining a remedy that is at once reliable, palatable, and possessed of no toxic effects, the writer experimented with some other anthelmintics. Cusso, which was used for a period of four years, yielded unsatisfactory results. He next turned his attention to the action of pumpkin seeds, an old but little known remedy. Formerly the seeds themselves were administered. In this form satisfactory results were not obtained. The writer used an extract of pumpkin seeds (prepared by Jungclaussen, of Hamburg). Seventeen cases were treated by this extract, comprising sixteen cases of *Tænia solium* and one of *T. mediocanellata*. Two of the patients were adults; the rest were children ranging in age from fourteen months to nine years. In three cases the treatment failed. In three others it was not entirely successful in so far that a second course of treatment was required before the head of the *Tænia* was expelled. In the remaining cases the administration of a single dose resulted in complete expulsion of the parasite. The dose of the extract corresponds to 300 grammes (10 ounces) of the seeds. It is administered in the usual way, *i. e.* upon an empty stomach, the bowels having been previously emptied; afterwards the patient is further purged. The drug is palatable, and in no case was its administration followed by untoward results. On examination pharmacologically the extract was found to be free from toxic constituents, such as alkaloids or filicic acid; it produced no reaction when injected intra-venously in rabbits.

E. P. BAUMANN.

Infectious œdema of the glottis (*'Le Progrès Médical,' March 12th, 1904*).—**Deguy and Detot**, at the Société de Pédiatrie, Paris, on January the 19th, read notes of the case of an infant nineteen months old, who had been ill for a week with slight cough and increasing dyspnœa of twenty-four hours' duration. It was unattended by a brassy cough or alteration of the voice, and the infant was brought to the hospital suffering from intense dyspnœa with stridulous breathing and without signs of diphtheria. On intubating extensive œdema of the ary-epiglottic folds was found, and without retro-pharyngeal abscess. Dyspnœa persisted in spite of intubation, and at the end of half an hour the tube was ejected. So great was the difficulty of breathing that tracheotomy had to be resorted to at once. After the operation the dyspnœa disappeared and the breathing became natural. But the day after the œdema of the glottis returned, the temperature was raised, albumen appeared in the urine, dyspnœa recurred without obstruction in the tube or signs of broncho-pneumonia. Finally the infant died cyanosed four days after admission into hospital. At the post-mortem examination they found œdema of the ary-epiglottic folds and false vocal cords, tracheitis with ulceration from the tube, and intense congestion of the lungs without broncho-pneumonia. An examination of the blood taken from the heart immediately after death revealed *Staphylococcus aureus*, which, inoculated into animals, was very virulent and produced œdema. The authors attributed the condition to staphylococcus infection, but they were unable to say how the infection had been produced.

THEODORE FISHER.

Foreign body in the larynx or the bronchi (*'Le Progrès Médical,' March 12th, 1904*).—**Guinon**, at the Société de Pédiatrie, Paris, on January

the 19th, related the case of a child of twelve years under his care at the Trousseau Hospital who was brought there asphyxiated and was tracheotomized while *in extremis*. There was no evidence of diphtheria, and a bacteriological examination proved negative. Four days after the tracheotomy tube was removed. Seven days later the difficulty of breathing reappeared, and the tube had to be replaced. Four days afterwards another attempt was made to discontinue the tube, but it had to be replaced in two hours' time. On the twenty-seventh day the tracheotomy tube was removed, and the child was easily and satisfactorily intubated. Two attempts to discontinue the intubation tube were made, but it became necessary to replace it two hours after the first attempt and a day and a half after the second. Owing to a suffocative attack, the tracheal wound had to be reopened and the canula replaced. About a month after this M. Lermoyez ascertained the presence of a black foreign body, which totally obstructed the larynx, and four days later he extracted a large collar-button by means of a blunt hook. The tracheotomy tube was removed on the eighth day, and the wound rapidly healed. The child related that while playing with some friends she had swallowed a shirt-button, which she had in her mouth at the time. She did not suffer any inconvenience from the mishap, and it was not until a long time afterwards that she experienced difficulty of breathing, which gradually became worse, and which culminated in a visit to the hospital. M. Guinon could not satisfactorily explain how it came about that the intubation tube had been able to pass into the larynx when it was blocked by a foreign body. He wondered whether it was possible for the button to have been displaced sufficiently in a lateral direction to allow the intubation tube to pass it. On the other hand, he speculated whether it was lodged in the subglottic region and was subsequently displaced by coughing. The hypothesis was barely admissible by reason of the size and shape of the foreign body.

THEODORE FISHER.

Old highland therapy ('*Caledonian Medical Journal*,' January, 1904).—**Mrs. K. Whyte Grant** records some interesting examples of old highland therapy. The health of her native district was so good that there was no resident doctor, and there does not appear to have been much need for the services of one. "The death of an infant was of such rare occurrence that it moved the whole neighbourhood. When last I visited the place, a man over fifty, remarking upon the burial of an infant that afternoon, said he remembered to have witnessed a child's funeral only twice in his life before—that was, he explained, of babes belonging to the strath. These were cases of croup. The children were each under three years of age, and death occurred after less than twenty-four hours from the time of the seizure." Perhaps the following paragraph supplies the explanation of the low infantile mortality:—"There was not a single 'bottle baby' to be found in these days. Every mother nursed her own babes, even if there were a dozen of them." The customs attendant on the birth of a child are not so worthy of approbation. "In our neighbourhood, at a confinement, the habit was, after the child was born, to give the mother a glass of whiskey and a piece of oatcake, spread with fresh butter. Then a bit of the cake was toasted till it was black; it was crumbled finely and mixed with water, sugar, and whiskey. This food was given to the child until the natural supply came. Sometimes, after the babe was swaddled, it was taken by the heels and shaken, head downwards, 'to prevent it from taking colic.'"

G. A. SUTHERLAND.

The visceral manifestations of the erythema group of skin diseases ('*Amer. Journ. of the Med. Sci.*,' January, 1904).—**Osler**, in an interesting paper on this subject, records a further series of eleven cases, making a total of twenty-nine cases which have come under his own observation. Eight of the patients were under ten years of age, and thirteen were between the tenth and twentieth years. The following notes of some of the juvenile cases show the multiplicity of symptoms present in this disease:—Case xix: Female, 15 years; onset, with erythema over cheeks and nose, in October, 1889; puffiness of one small joint; œdema of one eyelid; increase in the erythema and swelling of the face; marked puffiness and stiffness of the hands; recurring attacks of erythema of the face and local infiltrations in different parts of the body; slight fever; in March very high fever; acute nephritis; death from uræmia, May 13th, 1900. Case xx: Male, 15 years; attack of severe colic; admission to the surgical side for suspected appendicitis; a week before a purpuric eruption on the legs, with high-coloured urine; rash of exudative erythema on the legs, with purpura; acute nephritis; recovery. Dr. Osler notes that this case is particularly interesting on account of the fact that he was admitted to the surgical side of the hospital with abdominal symptoms, which were suspected to be due to appendicitis. In another case renal colic was diagnosed. This side of the question was referred to in the 'British Journal of Children's Diseases' for January, where two cases of Henoch's purpura are recorded in which laparotomy was performed, the diagnosis in one case being intussusception, and in the other acute peritonitis. Case xxi: Male, 12 years; otitis; swelling of the hands and legs; extensive purpuric rash; acute nephritis; cramps in the abdomen and vomiting; recovery. Case xxii: Female, 6 years; swelling of the legs, with purpura and pains in the knees and ankles; colic; acute nephritis; recurrent attacks of purpura, with urticarial wheals; recovery. Case xxiii: Female, 14 years; history of attacks of pain in the knees; colicky pains, with nausea and vomiting and diarrhœa for many years, sometimes with swelling of the feet; enlargement of the spleen; recurring attacks of purpura, with abdominal pain and vomiting; outbreaks of erythema; recovery. By the publication in full of his cases, and by his most able discussion of the clinical phenomena, Dr. Osler has certainly broadened the basis of our knowledge of this little understood affection or group of affections. He shows how in the "erythema group" we have at different times in the same subject purpura, erythema, angio-neurotic œdema, and urticaria, and visceral complications, which may be of an angio-neurotic or of an inflammatory character. He refers to the gravity of nephritis as a complication, five out of the seven fatal cases having died from uræmia.

G. A. SUTHERLAND.

Bladder irritation in girls ('*Med. Press*,' February 24th, 1904).—**W. Dunnett Spanton**, after referring to the various causes of this trouble, describes three cases of a somewhat unusual character. The symptoms were frequency of micturition and dysuria, tenderness of the urethral orifice, and the passage of shreddy masses *per urethram*. These masses on microscopical examination were found to consist of an aggregation of woollen fibres entangled in mucus. Investigation then showed that the children were wearing thick woollen combinations, rather rough at the edges, and Mr. Spanton found that the fibres of these exactly corresponded with those found in the urine. He concludes that there had been chafing of the urethra, and that some of the fibres had wormed themselves along it into the

bladder, and so set up the irritation. Removal of the woollen garments and the substitution of smooth ones, along with the use of diluents, led to a rapid and permanent relief of the symptoms. The first two cases were sisters, aged three and six years respectively, and the third case was a child of five years. In the last of these the presence of crystals of uric acid and oxalate of lime seems enough to explain all the symptoms without the addition of woollen fibres, but in the two other cases no such source of irritation existed.

G. A. SUTHERLAND.

Widespread lesions due to Weichselbaum's diplococcus ('*Société de Pédiatrie*, November the 17th, 1903).—**Rist** and **Paris** reported the case of a boy, aged eleven, who was admitted with hæmorrhagic purpura. This lasted for twenty-four days, and was accompanied by intestinal symptoms. For the next fortnight convalescence seemed steady, but then hæmaturia set in and continued for twenty-six days. When this ceased a fairly high fever suddenly appeared, and for a fortnight oliguria with albuminuria. Lastly, meningeal symptoms occurred, and the boy died in forty-eight hours.

At the autopsy purulent cerebro-spinal meningitis was found and Weichselbaum's diplococcus isolated therefrom. Small multiple abscesses were present in the liver and kidney, but no organism could be obtained from them. The authors attribute the whole course of events to an infection by Weichselbaum's diplococcus.

A. ERNEST JONES.

A new method of discovering the presence of tubercle bacilli in cerebro-spinal fluid ('*Riv. di clin. Pedriat.*, 1903, p. 387).—**R. Jemma**, struck by the frequent failures to demonstrate tubercle bacilli in the cerebro-spinal fluid in cases of tuberculous meningitis, even after centrifugalising, has injected the fluid into the mammary gland of guinea-pigs four or five days after parturition. The injections were made with a fine needle inserted obliquely in front of the teat towards the centre of the gland sac which leads from the teat to the vulva. The quantity of liquid injected varies from 1 to 3 cm. In a few days the gland hardens and swells, the lacteal secretion becomes serous and yellow, then purulent; glandular infection takes place, and the animal succumbs to a generalised tubercular process. From the eighth to the fifteenth day, Koch's bacilli are found in the mammary secretion. The author considers this method much superior to the peritoneal method usually adopted, in which a positive diagnosis cannot be established for four weeks.

VINCENT DICKINSON.

The ætiology of urticaria in infancy ('*Deut. Aerzte. Ztg.*, January 1st, 1904, p. 4).—**R. Bendix** records a case of urticaria in a boy aged 13 months. The eruption first appeared at the age of four months, when his mother gave him the white of an egg beaten up in soup. On every subsequent occasion on which eggs were included in his diet the eruption re-appeared. The form in which the egg was taken was immaterial. The reaction was experimentally produced on several occasions while the child was under observation in hospital. An itchy urticarial eruption on each occasion appeared on the face within ten minutes after taking a few sips of milk in which an egg had been beaten up; the rash went as rapidly as it came, and in about fifteen minutes the face had resumed its natural appearance. The same effect was not produced on inunction of the white of egg into the skin or into the mucous membrane of the mouth. It seemed,

therefore, to depend actually upon the absorption of some toxic product from the bowel. The proteids of milk and of meat never produced the reaction; the egg-albumen alone seemed to be able to cause it. The writer considers the case to be one of great interest for two reasons: (1) the extreme rarity of recorded cases in which the eating of fresh eggs has produced urticaria; (2) in spite of the long lists of articles of diet which are known occasionally to produce urticarial eruptions, it is comparatively seldom that the offending article is definitely recognised; generally we are glad to be able to point to the existence of some constipation or intestinal catarrh. He recommends that in every case of urticaria, whether acute or chronic, the effect of stopping all egg foods should be tried. In two cases of chronic urticaria this measure proved very efficacious.

E. P. BAUMANN.

Functional lateral spinal curvature ('*Le Progrès Médical*,' March 12th, 1904).—**Broca**, at the Société de Pédiatrie, Paris, on January the 19th, showed a girl of twelve years with an extensive dorso-lumbar spinal curvature, which was produced without any appreciable determining cause four days after a fall which did no harm to the child at the time, and nothing occurred the day after or on the three following days. On the fifth day, after a walk, she commenced to limp a little, and then rapidly developed lateral curvature of the spine. A rest for fifteen days did not improve matters. There were no rickety bony lesions, nor was there anything amiss with the hip-joints. Although he found no evidence of hysteria, Broca considered it to be a case of scoliosis from hysterical contraction. He related another case of cervical contracture immediately following an injury in a child who was equally free from hysterical evidences—a painful contraction with flexion of the head on the side away from the seat of the pain, and which recovered in twenty-four hours under continuous extension.

THEODORE FISHER.

Myositis ossificans ('*Le Progrès Médical*,' March 12th, 1904).—**Comby**, at the Société de Pédiatrie, Paris, on January the 19th, showed a girl aged 8 years with this affection. When fifteen months old she had some painful lumps in her back, considered at first to be Pott's disease, but subsequently recognised by M. Ménard as myositis ossificans. There were a number of ossified nodes in the muscles and tendons, the biceps, the muscles of the back and the trunk, the junctions of the muscles with the tendons, and in the tendinous insertions at the os calcis and trochanter, etc. The osseous nodes did not resemble exostoses. The child's parents were healthy.

THEODORE FISHER.

Mortality of measles ('*La Clinique Infantile*,' February 1st, 1904).—**Variot** read a paper before the Société de Pédiatrie, Paris, on January the 19th, on a statistical study of cases during 1903 at the new building of the Hôpital des Enfants-Malades, Paris. Variot shows that, thanks to the new building and the isolation of children attacked by broncho-pneumonia following measles, the mortality from that complaint has been greatly reduced in comparison with that which occurred in defective situations and without the possibility of isolation. During 1903 six hundred and one children with measles were admitted into the hospital, with a mortality rate of 12.31 per cent. in place of one of 29 per cent. which occurred in 1898 at the Trousseau Hospital. Up to one year the proportion of deaths from

measles was about a third of the cases. Infants from one to two years furnished the largest number of deaths, the mortality rate being 23·45 per cent.; next came those from two to three years, the mortality rate being 8·84 per cent.; and the mortality rate considerably diminished in the case of older infants. From one to two years of age broncho-pneumonia constituted the most frequent and the most deadly complication. Small glass partitions separate the cots in the large ward on the first floor. Many little independent wards with two cots are used for isolating children with broncho-pneumonia and other contagious disorders, and special nurses are employed and aseptic precautions are rigorously adopted. By isolating the children with this complication, the spread of the disease can be prevented in the common wards. Variot concludes that measles, like whooping-cough, is much aggravated by overcrowding and by insanitary conditions. It is only necessary to improve the hygiene to render the disease milder. Hutinel and Comby approved of Variot's remarks, which were in accordance with their personal experience.

THEODORE FISHER.

Treatment of thrush by peroxide of hydrogen solution ('*Journal de Médecine de Paris*, January 21st, 1904).—**Merletti** treats thrush successfully by a combination of two remedies, which are often employed separately, but without the same satisfactory results. With a large camel's hair brush the buccal mucous membrane is first rapidly painted with hydrogen peroxide solution, and this is immediately followed by a 5 per cent. application of borate of sodium. The peroxide of hydrogen produces an abundant froth with liberation of nascent oxygen, which is very destructive to the *Oidium albicans*. In many instances applications thrice daily for two or three days in succession were sufficient to cure severe confluent cases. Two or three applications in recent cases completely arrested the development of the fungus.

JEAN FERRAS.

A unique case of infantile lead-poisoning ('*Rivist. di clin. Pedriat.*, 1903, p. 316).—**G. Berti**.—From the time of weaning at fourteen months to the twenty-sixth month the infant suffered from "scurf," for which Hebra's lead ointment was prescribed, which was used by the mother with great vigour by rubbing it into the hairy scalp twice a day and covering with cotton wool. A month later the child became sallow and weak in its limbs, unable to stand, the head retracted and slightly to one side, in an attitude suggestive of torticollis or cervical arthritis; there was a tender spot to the right of the fourth and fifth cervical vertebræ, mydriasis of the right pupil, but both reacted to light, slight ptosis of the left lid, no strabismus or nystagmus, voice weak and toneless, inspiratory movements deficient; marked paresis, especially in lower limbs, with loss of muscular tone, Faradic reaction generally feeble, and lost in the quadriceps. Elbow-reflex existed on both sides, but patellar reflex was absent. Organs of sense and retina normal. Constipation and abdominal retraction. No blue line. Urine acid, no albumen, showed dark precipitate with sulphide of ammonium, and responded to the sulphuric-acid and iodine tests for lead. Severe attacks of dyspnoea subsequently occurred. An iodide was prescribed, and resulted in complete cure.

VINCENT DICKINSON.

The relation between infantile dyspepsia and the presence of ferments in the mother's milk ('*Rivist. di clin. Pedriat.*, 1903, p. 535).

—**A. Filia** undertook some experiments to ascertain whether the mother's milk contains substances which stimulate the digestive and assimilatory processes in the infant's organism, in order to explain the fact that in some infants who seem to digest well the conditions of assimilation are deficient, while in others with imperfect digestion the conditions of development and increase of weight are normal. The results showed that the milks which fed either healthy or dyspeptic infants were alike in regard to the chemistry of their ferments, both having a similar quantity and quality. The desire to ascertain the greater or less value of a certain milk by the examination of its ferments is therefore fallacious; the principal cause of primary infantile dyspepsia lies in the organism of the infant itself, more especially in the feeble activity of the proteolytic enzyme secreted by the pancreas.

VINCENT DICKINSON.

Arterial tension in healthy children and its modifications in pneumonia (*'La Clin. Med. Ital.,'* February, 1903).—**L. Beretta** has made sphygmographic observations on 236 children from the first day of life to the age of twelve years, using the new sphygmograph of Dr. Riva-Rocci. He found that in the first year in healthy infants the arterial pressure was not less than 54 mm. of mercury; from 1—4 years, 75 mm.; from 5—7 years, 88 mm.; from 8—9 years, 93 mm.; and from 10—13 years, 96 mm. In pneumonia he found there was rise of pressure during the acme and rapid diminution during the crisis; that in fatal cases the low tension was early, persistent, and exaggerated; that in favourable cases the low tension occurred later, was less marked and of less duration, and the return to the normal pressure was gradual. Thus, if the period of hypertension lasts all through the height of the disease, and the lowering of tension takes place at the moment of crisis rapidly, the prognosis is favourable; if, on the other hand, the period of high tension is of short duration, and especially if lowering of tension occurs before crisis takes place, then the prognosis is unfavourable.

VINCENT DICKINSON.

Acute fibrinoplastic iritis in a newly-born baby (*'Zeitschr. f. Augenheilk.,'* August, 1903).—**Adolf Håla** describes a case of acute fibrinoplastic iritis in a newly-born baby, associated with interstitial keratitis, due to congenital syphilis. The first child was born dead; the second died fourteen days after birth, from "weakness" (Schwache); and the third child, the present patient, was born at term. Syphilis was denied by the mother. A fortnight after birth the patient developed an eruption of bullæ on the palms and soles, and afterwards red patches about the nose and forehead, and the eyes became affected somewhat later, when the other manifestations had disappeared. When ten weeks of age the baby fell under Håla's care. The child was then normally developed and well nourished. Paronychia was present on the toes. The right eye was congested and its tension a little raised. The cornea showed diffuse interstitial opacities, and its surface was stippled. The iris was changed in colour, and covered, especially in its outer part, with a greyish-white exudation. The pupil, which was occluded, was somewhat dilated and irregular. In the iris three stout vessels could be seen radiating from the periphery towards the pupil. The left eye was also inflamed, but to a less extent than the right. There appeared to be no pain. Treatment by inunctions and calomel internally, and atropin and warm applications to the eyes, led to a relatively rapid improvement.

SYDNEY STEPHENSON.

Bilateral internal ophthalmoplegia in a lad suffering from hereditary syphilis (*'La Clinique Ophthalmologique,' February 25th, 1903*).—**Cruchaudeau**.—The patient was ten years of age, and was recognised as the subject of syphilis by the stigmata presented by his corneæ, fundi, teeth, and maternal history. There was ophthalmoplegia interna. Twenty-four injections of benzoate of mercury resulted in ability to read the finest print and return of pupillary reaction, although one pupil remained larger than the other. So far as he has been able to ascertain, Cruchaudeau considers the case to be unique.

SYDNEY STEPHENSON.

Congenital staphyloma of the cornea (*'Archivio di Ottalmologia,' 1903, vol. ii, fas. 1, 2, p. 2*).—**Gallenga** discusses these cases and then reports one of his own of bilateral intra-uterine keratitis with staphyloma of the right eye in a child affected with hereditary syphilis. The results of the microscopical examination he gives in detail, the eye having been enucleated at the age of fourteen months. From the clinical facts and pathological observations related by others and observed by himself Gallenga concludes that, in a certain number of cases, there is not a true irido-corneal staphyloma following ulcer and perforation of the membrane, but rather an ectasia of the cornea consecutive to an intra-uterine irido-choroiditis. Intra-uterine keratitis is secondary to a pathological process of the uveal tract, especially of its anterior part, and it assumes the character of the so-called "internal ulcer of the cornea" described by v. Hippel. Amongst the pathological details recounted by Gallenga we may notice the very advanced atrophy of the anterior part of the uveal tract and of the pigmentary elements of the entire choroid. It is probable that such an eye, without the profound changes of the anterior segment, would later show pathological albinism, on which the reviewer has insisted when describing the rudimentary stigmata of hereditary syphilis.

SYDNEY STEPHENSON.

The hepatic function in children (*'La Clin. Med. Ital.,' January, 1903*).—**D. Crisafi** has experimented with levulose in children affected with various diseases, and states that an enlarged liver does not necessarily imply a liver functionally inactive, as shown by the amount of levulose that can be administered without producing levulosuria. He concludes that levulose is the best drug for gauging the function of the liver; that in children there is no relation between the quantity of levulose utilisable and the body weight; that the dose to administer is 25—40 grammes up to five years of age, 40—60 grammes up to twelve years; that in acute infectious diseases the liver performs its functions well; that nephritis and slow tuberculous processes are those which disturb most the hepatic functions; that the phenyl-hydrazine test is the most sensitive in order to test minute traces of levulose in the urine.

VINCENT DICKINSON.

Favus in the new-born (*'Gazzetta med Ital.,' 1902, No. 50*).—**Truff** describes a case of erythematous squamous favus in an infant 25 days old. Microscopical examination and culture investigation, however, showed that the lesions were caused by the *Achorion Schoenleinii*. Inoculation of the culture into a rabbit produced a characteristic honeycomb favus. The case is noteworthy from two points of view—first from the deviation of type produced by the achorion, and second from the early age of the patient.

VINCENT DICKINSON.

Sclerema ('*Brit. Journ. Dermat.*, January, 1904, p. 19).—**T. Colcott Fox** showed a case of sclerema recently at the Dermatological Society of London. The patient was an infant of ten months, who was brought to the hospital at the age of three months for wasting, and for what the mother called "a bladder" on the right flank, which had been noticed for two months. The condition had altered little since then. The abdominal walls were diffusely thickened, but did not pit on pressure. The surface was rather glistening, and slightly coloured from venous congestion, but was not specially cold to the touch. More recently the surface had become uneven, owing to the formation of "nodules," which were soft, and were due to thinned areas of the skin which were bulged out. It was an area of this character which the mother had termed "a bladder." Dr. Fox pointed out that conditions like the above were in his experience much more typical of this disease than the common text-book description, where the extreme gravity, the cold marble-like induration, and the lung and circulatory complications were emphasised. It looked as if sclerema were an infective disorder, and it was suggestive that with improved hygienic conditions the disease had almost disappeared.

G. A. SUTHERLAND.

Flat warts ('*Brit. Journ. Dermat.*, January, 1904).—**Graham Little** describes a case of this disorder in a boy of ten years. The warts were closely aggregated on the forehead, and seemed to have developed on the site of freckles, the warts being distinctly pigmented. They had lasted for five months without undergoing any perceptible change. There were also a few on the hands of the common papillomatous type. The incidence of the eruption on previously existing freckles was commented on.

G. A. SUTHERLAND.

Adrenal hæmorrhage ('*Amer. Journ. Med. Sci.*, January, 1904, p. 134).—**L. S. Dudgeon** records four cases. (1) Female, aged two years and eight months, who died from thrombosis of cerebral sinuses and veins, purpura, and thymic abscess. The *Staphylococcus aureus* and *albus* were cultivated from the heart blood. (2) Female, six years, died from extensive burns. (3) Female, one year, ten months, who died from gangrenous varicella. The pneumococcus was cultivated from the heart blood. (4) Male, who died suddenly at fourteen weeks of age, from broncho-pneumonia.

In the first two cases the hæmorrhage was unilateral, in the others bilateral. Such hæmorrhage is generally a complication of other maladies. Arnaud ('*Archiv. générales de Médecine*, 1900) speaks of asthenic, peritoneal, and nervous types. Dudgeon adds to these—

- (a) Cases in which the onset and symptoms suggest an acute specific fever.
- (b) Cases with severe skin lesions, purpura, etc.
- (c) Those in which it is a mere complication found post mortem.
- (d) Hæmorrhage in the new-born.

Etiologically, it is found that such hæmorrhage is generally idiopathic—that is, no cause can be found. In others it may be ascribed to the hæmorrhagic disease of the new-born, septicæmia, pyæmia, toxæmia, gastrointestinal infections, and diseases associated with venous stasis or increased blood-pressure. Scurvy, too, may cause it.

From the fact that nine out of twelve of the recorded cases in which an acute specific fever was suspected were unvaccinated, it has been ascribed to variola. The evidence is insufficient, and the hæmorrhage may be due to any acute microbial infection or an acute toxæmia, probably intestinal. The

peritoneal type also suggests an acute abdominal lesion. Some cases have been clearly due to food-poisoning.

EDMUND CAUTLEY.

Diastasis of the recti muscles in rickets (*Archiv of Pediatrics*, vol. xxi, p. 116, February, 1904).—**Francint** states that diastasis of the recti muscles is very frequent in rachitic infants and young children. It is best demonstrated in children who are old enough to put the muscles on the stretch by elevating the head and shoulders. It varies much in extent, may appear as early as the fifth month, is very slow to disappear, and may last until puberty. Possibly it is a predisposing cause of visceral ptoses, the abdominal walls never regaining their tonicity. Two factors are concerned in its production: (1) lack of tonicity of the abdominal muscles, causing weakness of the abdominal wall; (2) dilatation of the stomach and colon, secondary to gastro-intestinal fermentation. "Pot belly" is produced in a similar manner. Diastasis may be present in healthy infants and children, but is usually only present above the umbilicus, whereas in the rachitic it involves the whole of linea alba. Friedjung states that it occurs in 75 per cent. of healthy children.

EDMUND CAUTLEY.

Infantile nephritis (*Archiv of Pediatrics*, vol. xxi, p. 19, January, 1904).—**Fry** and **Martin** examined the urine of 100 infants under three months of age, three specimens being obtained in each case on different days. The urine was obtained by applying cold above the pubes or by manipulation of the meatus, causing reflex stimulation of the bladder. Of the 100 infants, 35 were breast-fed, 65 bottle-fed. The *specific gravity* varied between 1001 and 1028, average 1006.1. The *reaction* was acid in 64, neutral in 36. In the breast-fed it was acid in 78 per cent. as compared with 91 per cent. in the artificially fed; and neutral in 22 per cent. and 9 per cent. respectively. In no case was the urine alkaline. *Albumen* was tested for by acetic acid and potassium ferrocyanide, and by cold nitric acid. It was found present in amounts varying from a faint trace to a distinct ring with nitric acid, in 19 cases, and of these 15 were artificially fed. The age of these 19 was under ten days in 6, from ten days to end of first month in 5, one to two months in 8. *Casts* were found in 17 of these 19 cases; in 10 they were only found in one sample. They were mainly hyaline and granular, a few epithelial, no blood casts. Casts were also found in 14 other cases in which no albumen was detected. *Uric acid* was abundant in 26 cases, and was associated with albumen and casts in 14, with casts only in 9, with albumen only in 1, and with neither albumen nor casts in 2. Hence in only the 3 without casts could it be said that there was no evidence of renal irritation or nephritis. Of the remaining 23, 16 died and 7 were examined post mortem. In all these were found uric acid infarcts, paraneuritic nephritis, and degeneration of the convoluted tubules. An acute interstitial nephritis was also present in 3 of the 7. Six other fatal cases showed clinical evidence of nephritis, viz. oedema of the face and limbs, and signs in the urine. The writers lay stress on the above relationship, and point out that nephritis in infants is not alone due to toxic conditions in marasmus, that it may be associated with an excess of uric acid, and that it may be recovered from. I would also add the suggestion that it may be the starting point of those cases of chronic interstitial nephritis, sometimes seen in children, and ascribed by Guthrie, Sutherland, and others to congenital syphilis.

EDMUND CAUTLEY.

The therapeutics of protylin (*Wien. klin. Rundschau*, 1904, Nos. 11 and 12).—**M. v. Bilgorajski** discusses the value of the administration of phosphorus in various pathological conditions. The existing preparations of this drug are not satisfactory, and the writer was led to undertake a number of clinical observations upon the action of protylin, a new preparation of organic phosphorus. This substance, which is also made up with iron and in other combinations, is an albuminate of phosphorus in the form of a tasteless and almost odourless powder. It is easily borne, and may be administered in milk or soup. The writer observed its action in thirty cases, a number of whom were children. The dose is 1—2 drachms for children under 5, and 1—3 drachms for children of 5—12 years. As a result of his observations he strongly recommends its use in rickety and scrofulous children, in all bone affections, and in cases of convalescence from pyrexial conditions. In cases in which there is marked anæmia he advocates the use of the iron combination of protylin. He finds that both iron and the bromides yield more rapid results when administered in combination with this drug.

E. P. BAUMANN.

Croup complicating measles (*Monatsschr. f. Kinderheilk.*, February, 1904, Band II, No. 11, S. 599).—**M. Vargas** records an instance of this rare condition. The case was that of a child, aged twenty-five months, suffering a typical attack of measles complicated by broncho-pneumonia, gastric and renal disturbances, and presenting some reddening of the pharynx. On the thirteenth day of the illness the child complained of pain in the neck and developed a croupy cough and stridulous breathing. The presence of diphtheria was suspected, but the submaxillary glands were not enlarged, and no exudate was seen on inspection of the naso-pharynx. On palpation of the epiglottis and vestibule of the larynx the tissues were found to be soft and swollen; no foreign body was discovered, and the palpating finger did not bring away any shreds of membrane. By the following day the condition had further progressed, and the patient now presented a dangerous degree of asphyxia. Intubation was performed and produced immediate relief, but the pulmonary lesions were very serious, and death occurred eleven hours later from cardiac and respiratory failure. At the autopsy the larynx was found free of any membranous exudate, containing only a small quantity of frothy mucus. Bacteriological cultures revealed the presence of streptococci, Fränkel's diplococcus, and a few staphylococci; no diphtheria bacilli could be demonstrated. In view of the clinical and pathological conditions the case was undoubtedly not one of diphtheria. The writer reviews the literature of the subject and finds that only twenty cases have been recorded of the occurrence of non-diphtheritic croup as a complication of measles. He believes that the condition is produced by the combined action of the organism which has produced the measles and other organisms, such as Fränkel's diplococcus, the streptococcus, and the staphylococcus. The result is the production of an intense inflammatory swelling of the mucous membrane of the respiratory tracts, which spreads upwards and invades the tissues of the glottis. The process is in some cases characterised by the presence of small ulcers which occur in the greatest numbers upon the posterior wall of the larynx. The diagnosis of croup offers no difficulties; bacteriological examinations must be resorted to in order to distinguish inflammatory from diphtheritic croup. The treatment consists in the early stages of inhalations, the administration of sedatives, and the application of

counter-irritants to the neck to relieve reflex spasm which tends to aggravate the stenosis. Once swelling and ulceration of the mucous membrane have occurred, such measures will prove of little avail. If the asphyxia grows serious, surgical intervention becomes necessary. Except when there is marked broncho-pneumonia the author prefers the operation of tracheotomy in these cases, as the pressure of an intubating tube is apt to increase the tendency to the formation of ulcers of the mucous membrane.

E. P. BAUMANN.

Reviews of Books.

THE CARE AND FEEDING OF CHILDREN. By L. EMMETT HOLT, M.D., LL.D.
Third Edition. London: Sidney Appleton, 1904.

THIS little work is described as a catechism for the use of mothers and children's nurses, and is dedicated to the young mothers of Great Britain and America. In an introduction by Dr. Eric Pritchard, he refers to the enormous advantages which the American system of percentage feeding of infants has produced, but we are glad to see that this system, which is very distinctly on its trial, is not recommended by Dr. Holt in his book. In fact, there is nothing on the subject of infant feeding which will not be accepted as representing the best teaching on both sides of the Atlantic. The manner in which the subjects are treated, by a succession of questions and answers, makes the book specially suitable for the class of readers, intelligent mothers and trained children's nurses. We notice that beef juice is included as part of the diet of a healthy infant during the first year of life, but in this country it is usually considered necessary only in certain forms of illness. While we have nothing but praise for the part of the book dealing with infant feeding, we think that the subject of diet after twelve months is not quite so successfully treated. In this country bottle-feeding is considered unnecessary long before the twentieth month. The term "milk-teeth" is apparently translated literally in America. On page 108 we read:—"The child must be taught to chew his food. Yet no matter how much pains are taken in this respect, mastication is very imperfectly done by all children; hence up to the seventh year at least all meats should be finely cut, all vegetables mashed to a pulp, and all grains cooked very soft." No wonder that dentistry flourishes in America, if the American child chews nothing until he is seven years old!

G. A. SUTHERLAND.

Correspondence.

THE LIVERPOOL COUNTRY HOSPITAL FOR CHILDREN.

To the Editor of THE BRITISH JOURNAL OF CHILDREN'S DISEASES.

SIR,—The generous anonymous donor to the Liverpool Country Hospital gave £5000 to the charity and not £3000 as announced in your last issue.

I am, sir, yours faithfully,

CHARLES J. MACALISTER.

Rodney Street, Liverpool, April, 1904